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Clerk of the Superior Court

DEC 01 2017 *

By: K. Mulligan, Clerk

* Exhibits 2, 4-12, 13
which are filed and
not sealed per
Court's 12/01/17
minute order. KM

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SAN DIEGO – CENTRAL DIVISION

CARLA JONES, on behalf of themselves and
all others similarly situated,

Plaintiffs,

vs.

SHARP HEALTHCARE, a California
Corporation, SHARP GROSSMONT
HOSPITAL, and DOES 1- 100, inclusive,

Defendants.

Case No. 37-2017-00001377-CU-NP-CTL

[E-FILE]

CLASS ACTION

**APPENDIX OF EXHIBITS IN SUPPORT OF
OPPOSITION TO DEFENDANTS' MOTION
FOR SUMMARY JUDGMENT OR, IN THE
ALTERNATIVE, MOTION FOR SUMMARY
ADJUDICATION**

Hearing Date: December 1, 2017
Hearing Time: 8:30 a.m.
Dept.: 62
Judge: Hon. Ronald L. Styn

Action Filed: January 12, 2017
Trial Date: None Set

(LODGED CONDITIONALLY UNDER SEAL)

APPENDIX OF EXHIBITS IN SUPPORT OF OPPOSITION TO DEFENDANTS' MOTION FOR SUMMARY
JUDGMENT

Case No.: 37-2017-00001377-CU-NP-CTL

1 Plaintiff Carla Jones respectfully submits the following exhibits in support of her Opposition to
2 Defendants' Motion for Summary Judgment or, in the alternative, Motion for Summary Adjudication:

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4	1	Declaration of Carlisle Lewis, III in Support of Motion to Quash and/or for Protective Order	001
5	2	Excerpts from the Deposition of Sophia Henderson taken on October 31, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	007
6	3	Excerpts from the Deposition of Carla Jones taken on August 25, 2017	016
7	4	Excerpts from the Deposition of Steve Yun, M.D. taken on October 30, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	025
8	5	Excerpts from the Deposition of George Sweet taken on October 17, 2017 <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	054
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13	Still shot from video of Plaintiff's cesarean section showing range of camera <i>Confidential</i> <i>Lodged Conditionally Under Seal</i>	228
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24	Plaintiff Jones Admission Agreement executed May 15, 2013	276

Dated: November 8, 2017

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By: _____

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Exhibit 2

(LODGED CONDITIONALLY UNDER SEAL)

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN DIEGO - CENTRAL DIVISION

CARLA JONES, on behalf of
themselves and all others
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Plaintiffs,

-vs-

SHARP HEALTHCARE, a California
Corporation; GROSSMONT HOSPITAL
CORPORATION dba SHARP GROSSMONT
HOSPITAL, a California Corporation
and DOES 1-100, inclusive,

Defendants.

) Case No.
) 37-2017-
) 00001377-
) CU-NP-CTL

DEPOSITION OF SOPHIA HENDERSON

TUESDAY, OCTOBER 31, 2017

8:59 A.M.

501 WEST BROADWAY, SUITE 1000

SAN DIEGO, CALIFORNIA

REPORTED BY:

DEBERA ANNE DORAN

CSR NO. 7821

1 A Yes.

2 Q Did you work -- do any other jobs during
3 that 15-year period?

4 A I worked -- volunteered.

5 Q Where was that?

6 A Red Cross.

7 Q What did you do for them?

8 A Answered phones and set up classes, to make
9 appointments for classes, like CPR classes.

10 Q How often did you volunteer for the Red
11 Cross?

12 A It was like a volunteer program. So I think
13 it was just maybe a year.

14 Q Any other employment while you were doing
15 the day care?

16 A No.

17 Q And after the day care, where did you then
18 next work?

19 A Sharp.

20 Q Have you had any other jobs since starting
21 at Sharp?

22 A Nope.

23 Q When did you start at Sharp?

24 A 19 -- I've been there for 18 years.

25 Q And you're still there?

1 A Yes.

2 Q What is your current position at Sharp?

3 A Patient payer focus.

4 Q Have you had any other positions at Sharp?

5 A No.

6 Q So from the time you were hired until now,
7 you remained in the same position?

8 A Correct.

9 Q What do you do as a patient payer focus?

10 A Registration, register patients and make
11 phone calls to doctors' offices, check insurances, and
12 collect payments.

13 Q The calls to doctors' offices that you make,
14 what is the purpose of that?

15 A We call them to make sure that their
16 insurance is correct. And for authorization, make sure
17 the authorization is there.

18 Q You call other doctors' offices to --

19 A Well, their doctor's office. Like if we
20 called to their doctor's office, like if they need
21 authorization, we go to the hospital for procedure, then
22 we call their doctor's office to make sure it's there.

23 Q Oh, I see; that the doctor actually referred
24 them --

25 A Yes.

1 Q Does Sharp give you any type of training for
2 your position?

3 A Yes.

4 Q What does that include?

5 A Well, the people that train us, they
6 train -- they tell us how to do the registration. We
7 have Net Learning. That's on the computer, and we train
8 from there.

9 Q Do they give you any training about how to
10 respond to patients' questions regarding the admissions
11 form?

12 A Yes.

13 Q And what does that include?

14 A We have forms that we can look at -- well,
15 actually, not forms, I'm sorry. Patients -- sorry, I'm
16 nervous.

17 Q Take your time.

18 A Our bosses, they will let us know. They'll
19 give us a little paper on, you know, what to ask, what to
20 tell them. And if we do not know, we can also let our
21 boss know, and they give us more information on it.

22 Q Do they give you any type of a course where
23 you're trained to respond to patients' questions about
24 the consent form?

25 A No.

1 Q So it's more just on the job; if you don't
2 know, you would ask your boss, and they would tell you
3 how to respond?

4 A Yes.

5 Q When did you first become aware that Sharp
6 had hidden video cameras in their operating rooms in the
7 Women's Center?

8 A Once I spoke with Teresa.

9 Q Do you know who Mary Ann Cone is?

10 A I know the name, but, no, I do not.

11 Q When you say that you give people the
12 admissions form, is that the consent form for hospital
13 admissions?

14 A Yes.

15 Q I'm going to show you a form that's been
16 previously marked as Exhibit 27. Is this the form that
17 you're talking about that you give to the patients?

18 A Yes.

19 Q Are there any typical questions that you get
20 when you give patients this form?

21 A No.

22 Q On this particular exhibit, on the second
23 page, is any of your handwriting on here?

24 A Yes.

25 Q And where is that?

1 A My signature.

2 Q Okay. And that's under "witness"?

3 A Yes.

4 Q Do you recall the patient Carla Jones?

5 A No.

6 Q On the second page of this consent form,

7 under number 17, it looks here like she initialed that

8 she does not approve newborn photography. Is that

9 accurate?

10 A Yes.

11 Q Is that common for people to not approve

12 that?

13 A Yes.

14 Q Why is that?

15 MR. PEARSON: Objection. Calls for

16 speculation.

17 You can answer.

18 THE WITNESS: Because they bring in their

19 own cameras and they say they will take their own

20 photography.

21 BY MR. ADMIRE:

22 Q What would you say the most common question

23 you get about these forms are before people sign them?

24 A Repeat the question?

25 Q What would be the most common questions you

1 have anyone else that makes your healthcare decisions for
2 you that's in writing.

3 Q And about insurance, what are the responses
4 you give them when they're asking about the billing of
5 their insurance?

6 A They just want to make sure that their
7 insurance is billed first before they are billed. And
8 then I just let them know that, if they're not contracted
9 with us, then they will be billed, and they will be
10 responsible for their bill.

11 Q Approximately how many of these forms have
12 you witnessed, like Exhibit 27, over the 18 years that
13 you've been working at Sharp?

14 A I have no idea.

15 Q Thousands?

16 A It could be more. I have no idea.

17 Q How many a day would you probably do? An
18 estimate.

19 A It could be up to 15.

20 Q During that time, has anybody asked you
21 specifically about paragraph number one, where it talks
22 about the taking of photographs and videos?

23 A Has anyone asked me?

24 Q Yes.

25 A No.

1 Q So in the whole 18 years, nobody has brought
2 up a question about paragraph one at all. Correct?

3 A Correct.

4 Q It's also fair to say that, if somebody
5 asked you if they were going to be secretly videoed while
6 they were undergoing a procedure with their doctor while
7 at Sharp, you would have told them no. Correct?

8 A Secretly?

9 Q Yes.

10 THE WITNESS: Can I answer that?

11 MR. PEARSON: Yes.

12 THE WITNESS: Okay. Yes.

13 BY MR. ADMIRE:

14 Q So had Carla Jones asked you if she was
15 going to be secretly videoed while she was in the
16 operating room during her C-section, you would have told
17 her, no, she would not?

18 MR. PEARSON: I object. Calls for
19 speculation. Argumentative.

20 But you can answer.

21 THE WITNESS: Yes.

22 BY MR. ADMIRE:

23 Q I don't want to get a double negative
24 because I'm asking you one question and then you're
25 saying "yes." But let me just ask it one other time in

1 Q. If Ms. Jones had asked you, "Does this
2 consent give Sharp the authorization to
3 secretly record me while I'm in the
4 operating room undergoing a procedure with
5 my doctor," what would you have told her?)

6 BY MR. ADMIRE:

7 Q Only because of your answer, it makes it a
8 little bit unclear. So let me ask it one more time, and
9 then you can respond yes or no. And I think it will be
10 clear.

11 So if Ms. Jones asked you, if the consent in
12 paragraph one authorized Sharp to secretly record her
13 while she's in the operating room undergoing a procedure
14 with her doctor, what would you have told her?

15 MR. PEARSON: Objection. Calls for
16 speculation.

17 THE WITNESS: No.

18 BY MR. ADMIRE:

19 Q Thank you.

20 How many people at Sharp do the job that you
21 do? When I say Sharp, I meant Sharp Grossmont Hospital.

22 A Registration?

23 Q Yes.

24 A I have no idea.

25 Q Do you work only in the Women's Center or is

Exhibit 4

(LODGED CONDITIONALLY UNDER SEAL)

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SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN DIEGO - CENTRAL DIVISION

CARLA JONES, on behalf of)
herself and all others)
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Plaintiffs,)

vs.)

SHARP HEALTHCARE, a California)
Corporation; GROSSMONT)
HOSPITAL CORPORATION dba SHARP)
GROSSMONT HOSPITAL, a)
California Corporation and)
DOES 1 - 100, inclusive,)

Defendants.)

Case No. 37-2017-
00001377-CU-NP-CTL

DEPOSITION OF STEVE YUN, M.D.

San Diego, California

Monday, October 30, 2017

Reported by: SHELLY M. BERRY
CSR No. 9896

1 A. Yes.

2 Q. Any times where it wasn't related to medicine
3 where you were an expert, but you were -- or that you
4 weren't considered an expert for the purpose of the
5 deposition?

6 A. I testified in a deposition in a civil matter
7 involving my home.

8 Q. So I'll skip some of the usual ground rules
9 since you've had your deposition taken so many times, but
10 it is important to note that you're under oath to tell
11 the truth here today just as if you were in a court of
12 law, even though we're in an informal setting.

13 Do you understand that?

14 A. Yes.

15 Q. Is there any reason you can't give truthful
16 and accurate testimony today?

17 A. No.

18 Q. How were you hired in this matter? Who hired
19 you?

20 A. Approximately one month ago I received either
21 an e-mail or a phone call, I do not recall which, from
22 Ms. Teresa Chow, C-h-o-w.

23 Q. And what did she ask you to do?

24 A. She asked me to testify as an expert as to the
25 dangers of Propofol, especially when used in an illicit

1 manner.

2 Q. What do you mean "illicit manner"?

3 A. Propofol that's obtained either legally or
4 illegally and then used in a nonregulated setting.

5 Q. Did she give you any other information?

6 A. She gave me a very brief synopsis of the case,
7 which involved a doctor who was accused of stealing or
8 taking Propofol from a hospital in the San Diego area.

9 Q. Did she give you any documents to review?

10 A. No.

11 Q. To the best of your recollection, then, can
12 you tell me what she told you about this doctor who was
13 accused of taking Propofol?

14 A. I believe I've summed up the extent of our
15 conversation and information she gave to me. The only
16 thing I could add is that I believe she mentioned it was
17 Sharp Grossmont Hospital.

18 Q. Would you mind just going over again exactly
19 what you recall she told you about these events.

20 A. I don't recall specifics of our conversation,
21 other than what I've already stated.

22 Q. So I think you stated that there was a doctor
23 accused of taking Propofol in the San Diego area?

24 A. From a San Diego hospital, yes.

25 Q. Did she tell you that the doctor was suspected

1 of using that Propofol?

2 A. I don't recall.

3 Q. Did you assume for your work here today that
4 the purpose of the physician taking the Propofol was to
5 abuse it himself, to ingest it himself or to use it on
6 himself?

7 A. I don't think I made any assumptions as to
8 what the Propofol was being used for, although certainly
9 one of the possibilities has to be abuse of the Propofol
10 either in himself or in another person.

11 Q. I guess the reason I ask is because if she
12 told you the Propofol was being taken to be used at
13 another surgery center where this doctor worked, then
14 that might be a different -- you might have different
15 conclusions of your opinions than if you thought he was
16 abusing the Propofol by taking the Propofol, correct?

17 A. Correct. I don't believe that possibility was
18 ever mentioned in my initial conversation.

19 Q. Okay. If that was the possibility, though,
20 your opinions would be different?

21 A. No, it's still a very dangerous situation, to
22 be taking Propofol in an illicit manner from a facility.

23 Q. What would be the dangers if that Propofol was
24 being used in another surgery center to be used on
25 patients at a different surgery center?

1 A. Well, you're making the assumption that
2 someone who is taking it illicitly is then going to use
3 it in a legal and regulated manner. I'm not sure you can
4 make that assumption. Once someone makes the dramatic
5 step of taking a drug illegally from a facility, you
6 cannot assume they will use that drug in a legal manner.
7 So all sorts of possibilities present themselves when
8 that breach has occurred.

9 Q. Did Ms. Chow mention to you that it wasn't
10 just Propofol, but that there were multiple drugs missing
11 from Sharp Grossmont Hospital?

12 A. No, not in the initial conversation.

13 Q. And have you ever come to understand that to
14 be the case?

15 A. In a subsequent conversation with Mr. Pearson,
16 I came to understand that other drugs were also missing
17 from the hospital.

18 Q. Okay. So other than the conversation you had
19 with Ms. Chow initially and the conversation --
20 subsequent conversation with Mr. Pearson, have you had
21 any other conversations with anybody about this case?

22 A. Only with Mrs. Chow and Mr. Pearson.

23 Q. How many conversations have you had with
24 Mrs. Chow about this case?

25 A. I don't recall the exact number. There was a

1 initial conversation with Mrs. Chow and then a second
2 conversation that occurred, according to my notes,
3 September 22nd.

4 Q. What was discussed in the September 22nd
5 conversation?

6 A. We discussed the drafting of my declaration.

7 Q. Was your declaration drafted by her office and
8 then sent over for your signature?

9 A. The initial declaration was drafted as a
10 collaborative effort between myself and Mr. Pearson,
11 primarily. That draft then was sent to me via e-mail,
12 and I then discussed the revisions to that draft with
13 Mrs. Chow.

14 Q. Did you have any -- what were the revisions?

15 A. Primarily grammatical, as I recall. I don't
16 recall any other specifics or any other substantial
17 changes to the declaration.

18 Q. Have you ever testified on behalf of Sharp
19 hospitals previously?

20 A. No.

21 Q. What about for the law firm Baker Hostetler?

22 A. No.

23 Q. What about for Ms. Chow?

24 A. No.

25 Q. Mr. Pearson?

1 declaration.

2 Q. Why is that?

3 A. Again, once a decision has been made by a
4 person to illegally obtain Propofol, it opens the door to
5 all sorts of possibilities, including abuse, addiction
6 and other nefarious purposes. One cannot assume that
7 it's being used or going to be used for legal purposes
8 once it's been obtained in an illegal manner.

9 Q. For the purposes of your declaration, was it
10 just assumed that the Propofol was taken by a certain
11 physician?

12 A. To the best of my recollection, I believe I
13 was told that one particular doctor was suspected of
14 taking these medications.

15 Q. Do you know if there was ever any criminal
16 charges filed against the doctor for taking the
17 medication?

18 A. I do not know.

19 Q. Do you know if there was ever any action taken
20 against his medical license for taking those medications?

21 A. I do not know.

22 Q. If you subsequently learned that there were
23 reports by the nurses to the security relating to the
24 missing drugs that indicated they believed the drugs were
25 being used to stock another surgery center and, in fact,

1 physician, I would be very concerned, regardless for what
2 purpose, if someone is taking drugs illegally from a
3 facility, because that shows their mindset as to how
4 dangerous that they could potentially be to themselves or
5 to others.

6 Q. Were you made aware that the missing drugs --
7 did they tell you how long they had been missing from
8 Sharp Hospital?

9 A. No, not that I recall.

10 Q. Would it make a difference if it was a recent
11 event as opposed to something that had been continuing
12 for years?

13 A. It would not change my opinions ultimately,
14 no.

15 Q. If something had been continuing for years
16 with no effects on patient safety at their hospital,
17 would that change your assumption of whether or not the
18 patients at Sharp Hospital were in any danger?

19 A. Well, that's a very broad assumption. We
20 don't know if patient safety was endangered because I
21 don't have access to those records. We don't know, for
22 example, which patients couldn't receive certain drugs
23 and then suffered some sort of pulmonary distress or some
24 sort of other anesthesia event. Without access to all
25 the records and looking at all the data, I can't assume

1 that patient safety was not endangered by this alleged
2 activity.

3 Q. So it's not -- you can't tell one way or
4 another whether patient safety was endangered because of
5 this activity because you don't have the information?

6 A. Correct.

7 Q. I'm going to show you what has been previously
8 marked as Sharp Number 9. And this is part of another
9 investigative report into these missing drugs.

10 And I want to show you the second paragraph
11 under the heading "Background." The last sentence
12 says -- I guess there's only one sentence. But it says
13 "previous to May 2012" -- excuse me. Let me read the
14 whole thing.

15 It says "Per Investigator Sweet's reports,
16 there was no written record of any of the missing drugs
17 previous to May 2012, but both Hamel and Babcock said the
18 losses go back a few years. They will document any
19 further drug shortages."

20 So does it stand to reason that the losses go
21 back a few years and there were multiple drugs missing
22 that -- and there were no reports of any patients being
23 endangered or not being able to be administered the
24 proper drugs, that it didn't really put patient safety at
25 issue in the Sharp Hospital?

1 now.

2 But you can testify as to what you've been
3 retained for right now.

4 THE WITNESS: Based on the information I've
5 been provided, no.

6 BY MR. ADMIRE:

7 Q. Is it fair to say that at many hospitals,
8 nurse practitioners regularly administer Propofol?

9 A. I'm on staff at several hospitals, and I'm not
10 aware of any nurse practitioners nor any nurses that are
11 allowed to administer Propofol in my facilities. And I'm
12 not aware of any reports of nurse practitioners
13 administering Propofol in a licensed facility.

14 Q. Are you aware that that occurs in other states
15 other than California?

16 A. I'm not aware of any information as to that,
17 no. I would clarify, though, by "nurse practitioner" are
18 you including certified registered nurse anesthetists or
19 just nurse practitioners?

20 Q. Yes. I should have said that, nurse
21 anesthetists.

22 A. Yes, definitely then. CRNAs can and do
23 administer Propofol in California and many other states.

24 Q. So I think they're called nurse anesthetists?

25 A. Correct.

1 Q. And they do administer Propofol at many
2 hospitals, then?

3 A. Yes.

4 Q. Are you aware of who can administer Propofol
5 at Sharp Grossmont Hospital?

6 A. No.

7 Q. Would you assume that it's both doctors and
8 nurse anesthetists?

9 A. I think that's a safe assumption, yes.

10 ~~Q. You stated in your declaration that you knew~~
11 of a colleague who abused Propofol to help him sleep.
12 What was his name?

13 A. I don't recall the name. I do recall it
14 occurring in my home state of Wisconsin. But this is
15 over 15 years ago. So I do not recall the name of the
16 physician.

17 Q. What discipline did he get for taking
18 Propofol?

19 A. I believe his medical license was revoked and
20 put back on probation.

21 Q. When was this?

22 A. I believe it was approximately 10 to 15 years
23 ago.

24 Q. How was it discovered that he was abusing
25 Propofol?

1 MR. ADMIRE: If there are later, I'll let you
2 assert those. You're not waiving them now.

3 MR. PEARSON: I'm happy to work with you. I
4 just don't want to compromise anybody here.

5 BY MR. ADMIRE:

6 Q. We'll leave a blank in the deposition and you
7 can fill in that doctor's name when you get it because
8 you'll have a chance to review this and check it out.
9 Okay?

10 A. Yes.

11 (Information Requested:

12)

13 BY MR. ADMIRE:

14 Q. Do you know if that particular doctor -- did
15 he harm any of his actual patients because of his
16 Propofol abuse?

17 A. I don't know or recall any details from that
18 case.

19 Q. So you don't know if he partially put any
20 patients at risk of safety or not?

21 A. Personally, no, I have no direct knowledge.

22 Q. Did you do like a PubMed search relating to
23 Propofol abuse to prepare your declaration?

24 A. No.

25 Q. Did you do any type of literature research to

1 prepare for your declaration?

2 A. Other than to obtain the articles that I have
3 included in my exhibits, no. And these were articles
4 that I had been aware of and so searched specifically for
5 those articles.

6 Q. I think you attached about six articles in
7 total?

8 A. Correct.

9 Q. How did you search for those articles?

10 A. Well, the two articles from the case involving
11 a doctor in North Dakota and the case involving the nurse
12 involved in a murder in Florida, as well as the New York
13 Times article or mass media articles that I had been
14 aware of and read previously, so I simply searched for
15 those articles again.

16 The other three articles are more academic
17 articles that I had come across in my reading and
18 recalled that those were pertinent for this case and so I
19 searched specifically for those articles as well.

20 Q. In the two examples of the articles that you
21 attached -- I think they're the doctor in North Dakota
22 and the nurse in Florida -- in those situations -- and I
23 believe the doctor in North Dakota was using it on his
24 wife for -- he said to help her sleep, correct?

25 A. Yes.

1 Q. And the one in Florida was -- looked like some
2 sort of a nurse anesthetist who was accused of murdering
3 a love interest of some sorts with the use of Propofol
4 and leaving her, correct?

5 A. And he was convicted, yes.

6 Q. In those two examples, did that doctor or
7 nurse put any of their patients at the hospital at risk
8 by their illicit use of Propofol?

9 MR. PEARSON: Objection. Calls for
10 speculation.

11 THE WITNESS: I have no direct knowledge of
12 that, no.

13 BY MR. ADMIRE:

14 Q. In the research that you did do, did you find
15 any reports of an instance where a patient was harmed due
16 to the doctor or nurse abusing Propofol?

17 A. I don't recall seeing any reports or data of
18 that sort, no.

19 Q. It's fair to say that Propofol is an extremely
20 fast-acting drug, correct?

21 A. Well, it depends on your definition of
22 extremely fast acting. But in general, yes, most
23 anesthesiologists would agree it's a rapid-acting drug.

24 Q. Propofol would either -- the vast majority of
25 abuse of Propofol is an attempt to sleep because somebody

1 specifically reading at some point during my regular
2 literature review, so that's a study that I specifically
3 pulled for this declaration.

4 Q. What year was that study done?

5 A. A Survey of Propofol Abuse and Academic
6 Anesthesia Programs, Anesthesia and Algesia, October
7 2007.

8 Q. Okay. I believe I asked you a question
9 previously. And I'll see -- it's in this study.

10 But is it fair to say the most common reason
11 people would inject themselves with Propofol would be to
12 induce sleep?

13 A. Again, I would have to review the exact
14 wording of this study.

15 Q. Let me show you on Page 1, on the -- right
16 above the Conclusions section, two sentences above that.

17 A. Yes. So in this study the statement was made,
18 quote, "The most common subjective response as to why
19 they began using Propofol was to induce sleep," end
20 quote.

21 Q. "When somebody injects Propofol, it has a
22 short-acting nature that produces a few moments of
23 euphoria commonly followed by solemnness or a brief
24 sleep"; is that fair to say? Is that your understanding
25 of Propofol?

1 A. Yes.

2 Q. If somebody were to attempt to abuse Propofol,
3 they would have to take it intravenously, correct?

4 A. Yes.

5 Q. In that way they would have to have a needle
6 in their vein?

7 A. Yes.

8 Q. And if somebody were abusing Propofol
9 regularly, they would have to inject themselves quite a
10 lot, up to 20 to 40 injections per day, correct?

11 A. I believe that there is a report of someone
12 injecting themselves 20 to 40 times a day, yes.

13 Q. So would it be fair to say if somebody were
14 injecting themselves 20 to 40 times per day, they would
15 have some needle marks around their veins?

16 A. No.

17 Q. Why not?

18 A. I think in that particular case that person
19 actually had a permanent veinous access port that's
20 implanted underneath the skin in which they were able to
21 inject themselves.

22 Q. If a doctor or a nurse had an access port in
23 one of their veins, that could be detected upon physical
24 examination of that person?

25 A. Usually the access port is placed on the

1 Q. Just so I'm clear, your statement is abuse of
2 Propofol among healthcare practitioners is uncommon,
3 correct?

4 A. Yes.

5 Q. In fact, of all reported cases of healthcare
6 abuse of drugs, the abuse of Propofol was less than 2
7 percent of the cases, correct?

8 A. In these small studies that I've included,
9 yes.

10 Q. You'd made a comment in your declaration that
11 the abuse of Propofol is often detected after the person
12 has been injured in that they're either found unconscious
13 or they've injured themselves because they became
14 unconscious and either hit their head, et cetera. Is
15 that fair to say?

16 A. Yes.

17 Q. With that in mind, is it fair to say that it
18 would be very difficult to abuse Propofol as a physician
19 who is working in a hospital?

20 A. Well, one thing I've learned over the years is
21 you can't underestimate the addict and their potential
22 for risk-taking behavior and their ability to escape
23 undetected. So I agree. It should be difficult. But at
24 the same time, the addict is oftentimes the person you
25 least suspect, the person who is well respected and very

1 well liked. I guess that would be more speculation on my
2 part.

3 Q. But it would be fair to say generally that if
4 somebody were to be abusing Propofol, it would be very
5 unlikely that they could do so while working in a
6 hospital around other nurses and physicians just because
7 the very fact that generally Propofol puts you to sleep,
8 correct?

9 A. So if I understand your question correctly, it
10 would be difficult to detect if they're abusing Propofol
11 in the hospital while they're working or if they're
12 abusing it at home?

13 Q. In the hospital while they're working.

14 A. I think in general that's probably a fair
15 statement. But, again, it depends on the dose that's
16 being injected. You could theoretically give yourself a
17 microdose of Propofol numerous times throughout the day
18 and easily go undetected, depending upon your behavior
19 and your ability to hide your behavior.

20 Q. Right. Well, you talked about being able to
21 possibly go in and give yourself a small dose and take a
22 half-hour nap and then come back to work undetected,
23 correct?

24 A. Yes.

25 Q. But if you were abusing it in any more of a

1 substantial way than that, it would be pretty much
2 impossible to work while abusing it?

3 A. One would think so, yes.

4 Q. I think I asked you this before, but just to
5 clarify, in this study that we have from this database
6 where they try to make as comprehensive a study of the
7 abuse of Propofol as they could in 2013, there were no
8 reported cases of patient safety issues relating to the
9 doctors abusing Propofol, correct?

10 A. I don't recall any specific data or even if
11 that was a focus of this particular study, no.

12 Q. But you're not aware of any as you sit here
13 today, correct?

14 A. Direct knowledge, no.

15 Q. And you've never even read about it or heard
16 about it either, correct?

17 A. As it relates directly to Propofol abuse, I
18 can't think of any specific examples at this time, no.

19 Q. So just to be clear, in relation to a
20 healthcare provider abusing Propofol, you don't have any
21 information of a patient of theirs or the institution
22 being put in harm's way or any safety issues relating to
23 that abuse, correct?

24 A. Obviously it's a very dangerous situation, but
25 I don't have any direct knowledge or examples that I can

1 recall at this time, no.

2 Q. And you've never heard of any either, correct?

3 A. Not that I can recall at this time.

4 Q. I want to talk to you briefly about if someone
5 were to take a small dose of Propofol that would not put
6 them to sleep, it's fair to say that that amount of
7 Propofol would wear off within 5 to 10 minutes, correct?

8 A. I think that's a fair assumption, yes.

9 Q. What respiratory complications can occur with
10 the use of Propofol that can be addressed by an
11 anesthesiologist while they're administering it?

12 A. I'm not sure I understand your question.

13 Q. You stated in your declaration that Propofol
14 can cause severe respiratory complications and, if not
15 appropriately and timely addressed, death within a matter
16 of minutes.

17 I'm asking you what complications does a
18 patient undergo that would have to be addressed?

19 A. Propofol, as it's commonly used in our
20 operating rooms in the dosages that we use, is used to
21 induce complete unconsciousness to the point where
22 patients will often stop breathing entirely on their own.
23 And so if we don't provide assisted artificial
24 ventilation to the patient, they'll obviously experience
25 cardiac arrest and brain death due to the lack of

1 an anesthetic.

2 Q. So I guess the question is looking -- if
3 you -- if the hospital were to come to you and say,
4 Doctor, look, we have these drugs and this number of
5 vials missing from our anesthesia carts over this
6 four-month period, is it your opinion that we should be
7 worried that we have a drug user, one of the healthcare
8 practitioners, that we should do further investigation?

9 A. I would certainly raise that as a strong
10 possibility. When you have someone who is willing to
11 steal drugs from your facility, again, it's usually
12 accompanied by other nefarious behavior. So you really
13 have to take that into account. This probably is just
14 the tip of the iceberg, from my perspective.

15 Q. Let me ask you this. On this list,
16 considering this is a four-month period of drugs that
17 they believe were missing from their carts, is it
18 possible, in your opinion, that these drugs were likely
19 used on patients during the four-month period and maybe
20 not noted in the patient's charts? Is that a
21 possibility?

22 A. Certainly that's a possibility. We don't know
23 how accurate the recordkeeping system is. This may be
24 just a paperwork error, certainly.

25 Q. And the reason I ask that is would that be

1 your first inclination, to try to determine whether this
2 was a paperwork error? Would that be your first
3 inclination if the hospital were to come to you with this
4 list and say here's what we've got missing over this
5 four-month period?

6 A. I don't know if it would be my first
7 inclination, but certainly that would be one of many
8 steps I would take, try to determine the accuracy of this
9 count.

10 Q. Because as you look at this list and the
11 number of different things that are missing, it is --
12 fair to say that it doesn't jump out to you as an obvious
13 abuse by a healthcare practitioner of any of these drugs,
14 correct?

15 A. Just at face value, just looking at this list
16 and the numbers and assuming that these numbers are
17 correct, there's nothing here that says explicitly that
18 this is a potential drug abuse situation. But certainly
19 any time you do have drugs missing in this manner, you
20 have to take into account that possibility.

21 Q. Is it fair to say that -- it looks like the
22 two largest missing drugs on this list are the Zofran and
23 the Toradol. Is it fair to say those are both drugs that
24 could commonly be given to patients without it
25 necessarily being noted in their chart?

1 MR. PEARSON: Objection. Calls for
2 speculation.

3 THE WITNESS: Again, that would be very
4 speculative. But certainly it's within the realm of
5 possibility.

6 BY MR. ADMIRE:

7 Q. So your first inclination of looking at this
8 list would not be that there's an emergent patient safety
9 issue at this hospital from this amount of drugs missing
10 over this four-month period, correct?

11 A. No, but it would give me concern and it has to
12 be -- one of the possibilities I take into account is is
13 this an accurate number or is this the tip of the
14 iceberg. We don't really know.

15 Q. Nothing about this list alarms you that the
16 hospital's patients are not safe?

17 A. Not knowing about the history of the hospital
18 or the context of the situation, but just taking this
19 list at face value, I would agree. I can't make any
20 conclusions based on patient safety.

21 Q. I guess another way to ask it would be if you
22 were given this list and told this amount of drugs were
23 missing over this four-month period, it's fair to say
24 that you would not immediately be concerned about the
25 safety of that hospital's patients, correct?

1 Q. Explain those to me.

2 A. For example, if -- this is hypothetical.

3 Let's say someone is giving a patient Spinal Marcaine and
4 overdosing that patient with, let's say, two to three
5 times the dose of Spinal Marcaine because they want those
6 patients to be really numb and anesthetized, but then
7 they tell the recovery room nurse this patient only
8 received one vial of Marcaine when, in fact, they had
9 received two or three, that's potentially a very serious
10 patient safety issue because that patient is more likely
11 to develop complications from an overdose of Spinal
12 Marcaine, and yet the recovery room nurse won't be aware
13 of that because she's been told -- or she looks at the
14 record and it says only one dose of Spinal Marcaine was
15 given.

16 That's just one example of many where a
17 discrepancy of this sort, if it's accurate, could
18 potentially cause patients harm.

19 Q. But, as you said before, looking at this list
20 right now, this could just be a recordkeeping error?

21 A. Yes, that's certainly possible.

22 Q. It's not so far out of the realm of a
23 four-month period that it couldn't just simply be a
24 difference between documenting the use of these drugs and
25 not documenting them, correct?

1 MR. PEARSON: Objection. Calls for
2 speculation.

3 THE WITNESS: I would just say that that's
4 within the realm of possibility.

5 MR. PEARSON: Would you mind if we take five
6 minutes?

7 MR. ADMIRE: Yeah, I'm almost done.

8 (Recess)

9 BY MR. ADMIRE:

10 Q. Doctor, going back over the list of drugs that
11 we just went through that were reported missing between
12 May of 2012 and September 14th of 2012, it's fair to say
13 that none of those are drugs that would be commonly
14 abused by healthcare professionals?

15 A. Commonly abused, no.

16 Q. And none of them are controlled substances?

17 A. No.

18 Q. And none of them are narcotics?

19 A. Correct.

20 Q. In that missing drug investigation that took
21 place where that nurse was dismissed for using -- did you
22 say it was Dilantin?

23 A. It was either Dilaudid or Demerol, both of
24 which were narcotics. I don't recall the specific drug.

25 Q. Did they use any hidden cameras in that

1 hospital to catch that nurse?

2 A. I'm not aware of any specifics of the
3 subsequent investigation.

4 Q. Have you ever heard of any hospitals other
5 than Sharp secretly filming patients' procedures in an
6 operating room with hidden cameras?

7 A. I'm not aware, no.

8 Q. Would video of a patient's procedure that
9 contained identifiable information about that patient
10 constitute a medical record, in your opinion?

11 A. Yes.

12 Q. And that would then have to be contained --
13 that video would then have to be contained in that
14 patient's medical record, correct?

15 A. I'm not an expert in the specifics of medical
16 recordkeeping, but I would assume so. But, again, it's
17 outside my area of expertise.

18 Q. Well, it's fair to say that a video of a
19 procedure could also be helpful for future treatment of
20 that patient depending on what was done in the -- during
21 the operation, correct?

22 A. I guess that's possible, yes.

23 Q. In your declaration you stated that a patient
24 is never permitted to take Propofol outside the
25 supervision of a knowledgeable physician, correct?

1 A. Yes.

2 Q. That's true with pretty much any drug while
3 the patient is in the hospital, correct?

4 A. Yes.

5 Q. In that study that you attached, Addiction to
6 Propofol, a Study of 22 Treatment Cases, it's fair to say
7 in the years between -- that that study took into
8 consideration reported abuse by healthcare practitioners
9 between the year 1990 to 2010, correct?

10 A. Yes.

11 Q. And during that time there were only 22
12 reported incidents of Propofol abuse among healthcare
13 practitioners?

14 A. Yes.

15 Q. And for those cases, in the 22 cases, most of
16 them came for treatment for that addiction within a few
17 months of starting the use of Propofol, correct?

18 A. I believe that's accurate, yes.

19 Q. And, in fact, five of those 22 patients came
20 for treatment after just a single incident of Propofol
21 use, correct?

22 A. I believe that's accurate, yes.

23 Q. I wanted to ask you briefly again. The
24 duration of the action of the Propofol, it's -- the
25 duration of Propofol is between 5 to 10 minutes, correct?

1 A. Well --

2 MR. PEARSON: Objection. Vague.

3 THE WITNESS: It depends greatly on the actual
4 dose. So a microdose may last much shorter, a larger
5 dose may last much longer. And then as well there's
6 individual pharmacokinetics. Each person will vary in
7 how they respond to Propofol.

8 But for the sake of the argument, I would say
9 in general if you give a patient a small dose of
10 Propofol -- and by "small" I define that as perhaps 30 to
11 50 milligrams, which is 3 to 5 cc's of Propofol -- most
12 patients should recover from that within 5 to 10 minutes.

13 BY MR. ADMIRE:

14 Q. Would those patients experience some sort of
15 loss of consciousness within that 5 to 10 minutes?

16 A. That's certainly likely and probable.

17 Q. So with even a small dose of Propofol that
18 only last 5 to 10 minutes, that person is likely and
19 probably going to experience some unconsciousness?

20 A. For a variable amount of time, yes.

21 Q. And if that person wanted to then abuse
22 Propofol in a way that they did not fall asleep, they
23 would have to inject even a smaller amount than you just
24 discussed, right?

25 A. In the hypothetical example we're discussing,

1 14 died.

2 A. I'm quoting again from the article. "Of the
3 38 cases, 14, or 37 percent, were fatal."

4 Before that statement, the article also
5 states, quote, "However, many more cases are probable
6 because only the most serious appear to have been
7 described."

8 Q. In the other article that you attached from
9 the New York Times talking about high profile deaths, on
10 the second page of five on that, the doctor that they
11 quote in this on the third paragraph from the bottom
12 states "Abusers who injected often pass out instantly,
13 sometimes getting injured. The Nebraska doctor said he
14 fell once and cut his chin open. He also started talking
15 gibberish and didn't remember doing certain things."

16 Would that be your understanding of how
17 Propofol would affect an abuser?

18 A. You would think that would be a very common
19 presentation. But it's not 100 percent exclusive or
20 definitive. But certainly you would think that would be
21 a common scenario.

22 Q. Did you run across this article in
23 Anesthesiology News, "Propofol Abuse Growing Problem for
24 Anesthesiologists"?

25 A. I believe I have seen that article, yes.

Exhibit 5

(LODGED CONDITIONALLY UNDER SEAL)

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SAN DIEGO, CALIFORNIA

TUESDAY, OCTOBER 17, 2017

10:09 A.M.

GEORGE SWEET,

having been duly administered an oath in accordance
with Code of Civil Procedure Section 2094, was
examined and testified as follows:

EXAMINATION

BY MR. ADMIRE:

Q My name is Duane Admire, and we represent --
or I represent the Plaintiff, Carla Jones, in this matter
against Sharp, and Allison Goddard also represents the
Plaintiff, Carla Jones, in this matter.

Let me begin by asking you: Have you ever
had your deposition taken before?

A Yes.

Q How many times?

A This would be the sixth.

Q Okay. When was the last time you had your
deposition taken?

A 2006.

Q What was that in relation to?

A Personal injury investigation that I was

1 left corner. There's the officer who took the report.

2 Q Did you have any discussions with
3 Spencer Franco about this?

4 A Yes. I went to him first.

5 Q Okay. How many times did you have
6 discussions with Spencer about this?

7 A That one time.

8 Q Did you go to him after you reviewed this --
9 his typewritten report?

10 A Yes. I got the report from Raymond. I
11 reviewed it, talked with Raymond, got my marching orders,
12 and then the next thing I did was I went and talked to
13 Franco.

14 Q Now, at the time -- and was it the next day
15 that you then talked with the three women, Jana Babcock,
16 Linda Hamel, Sandy Twyman?

17 A I think it was the same day.

18 Q He says in his report here that Jana Babcock
19 noticed the drugs had been missing from the cart since
20 April of 2011. Is that the same understanding you got
21 after talking with the three women?

22 A Yes. They had told me that it was an
23 ongoing problem.

24 Q Okay. In fact, I think that it had gone
25 back some years. Correct?

1 A Yes.

2 Q And later, you put next to the word -- you
3 used the word "controlled." "None of the missing drugs
4 were controlled." What did you mean by that?

5 A The Drug Enforcement Administration has a
6 list of controlled substances. The hospital -- the
7 hospitals in Sharp, obviously, are very concerned about
8 what happens to those controlled substances. So the
9 first -- one of the first questions I asked is, any of
10 these drugs that are short, are they controls? And they
11 said no. And I asked them specifically for each one, is
12 why you see a "no" after each one.

13 Q So none of the missing drugs from these
14 carts were controlled substances is your understanding.
15 Correct?

16 A That was my understanding.

17 Q And be fair to say none of them were
18 narcotics. Correct?

19 MS. CHOW: May call for speculation.

20 THE WITNESS: Well, they weren't controlled.
21 I don't know about narcotics, whether something is
22 narcotic or not. But according to the nurses, these were
23 not controlled substances.

24 BY MR. ADMIRE:

25 Q Okay. At this point, did you understand,

1 after speaking with Spencer and reading his report, that
2 they believed the drugs were going missing almost in an
3 attempt to stock another surgery center?

4 A That did not come from Spencer.

5 Q Oh, who did that come from?

6 A That came from one of the nurses. I think
7 it's in my report. They state that a doctor and his wife
8 had opened a medical -- I guess it was a plastic surgery
9 clinic. And then the nurse volunteered that the drugs
10 that were missing could be used for that type of
11 procedure.

12 Q Do you remember which of the nurses told you
13 that? You can look at your report, too, if that helps
14 refresh your recollection.

15 A I talked to both -- this is from my
16 report -- Linda Hamel and Jana Babcock. And they're the
17 ones that mentioned that these drugs were as if somebody
18 was stocking a surgery center. Those were their words.

19 The one that they were very concerned about
20 is named here. It's a paralytic. I'm not going to
21 attempt to pronounce it. That was the biggest one they
22 were concerned during that interview, because they said
23 if somebody were to administer this drug, not knowing
24 what they were doing, it could be fatal. They were
25 concerned that there was a big safety issue.

1 Q Did they tell you which doctor they believed
2 had opened a plastic surgery clinic?

3 A Bottom paragraph, first page: Hamel said
4 that around June of 2008, Dr. Dorin had told the staff
5 that he and his wife had opened an MD spa in Santee and
6 was passing out fliers to the staff regarding this side
7 business.

8 Q Okay. And then I see on the next page of
9 your report, it mentions that Dr. Dorin was also the
10 medical director of another surgery center?

11 A Surgery Plaza, which was just another
12 surgery area within the Sharp complex.

13 Q And was that one owned by Sharp?

14 A Yes. It was just another surgery center on
15 the campus of Grossmont Hospital.

16 Q But then it says here that he was removed
17 from that position?

18 A That's what they told me, yes.

19 Q And the next sentence you have
20 RiverView Spa, what is that in relation to?

21 A This was a brochure that Dr. Dorin had been
22 handing out and it showed the name of the spa, address,
23 phone number, and so forth. I went to fictitious name
24 filings and found that the doctor and his wife had filed
25 for the fictitious name, RiverView MD Spa.

1 Q On that flier that you had, did it state
2 what type of procedures they offered at the
3 RiverView Spa?

4 A Plastic surgery.

5 Q Did you ever go to, like, the
6 RiverView Spa's website or anything to do any further
7 investigation on that spa?

8 A I went to the website to get the address,
9 and I mentioned it to Raymond. I said: He's even got a
10 website. I did not put that in my report.

11 Q And on that website, did it say they did
12 plastic surgeries as well?

13 A Corrective surgeries and augmentation.

14 Q Is that like breast augmentation?

15 A I guess, yeah.

16 Q And you let Mr. Albright know this as well?

17 A Yes. I kept him informed of everything.

18 Q Did you do any other investigation relating
19 to the RiverView MD Spa?

20 A No.

21 Q Did you know what kind of doctor
22 Adam Dorin's wife was?

23 A No.

24 Q And you're certain that the website and
25 brochure that talk about the plastic surgery related to

1 name. What is that for?

2 A When we were going to be meeting again,
3 11:00 a.m. on Friday, that was a good time for both of
4 them.

5 Q Okay. And did you end up meeting with them
6 at 11:00 a.m. on that Friday?

7 A Yes.

8 Q What happened at that meeting?

9 A We pretty much reviewed what they had talked
10 about before. The first meeting, I was trying to follow
11 up on the security report that I had been given by
12 Franco. During that first meeting, I saw that this was a
13 lot more involved than just a couple of drugs missing.
14 So we set up another appointment to go back over and look
15 at this even further and this is when we talked about
16 inventory.

17 And this lady, Twyman, she was the nurse
18 that actually stocked the carts. And then I thought her
19 information was germane to the case, because she is the
20 one that discovered the original loss. And she said
21 there is a par inventory for this surgical cart. There
22 should be so many of this and so many of that, and so
23 forth. And she said that after a surgery, she went to
24 the cart and saw that certain drugs were missing, which
25 was corresponding to the type of procedure that was done,

1 and that made sense. But there was also some other drugs
2 that were missing that had, according to her, had nothing
3 to do with the procedure that the cart was involved in.
4 And I said: Those are the things we've got to start
5 documenting.

6 Q And who did you tell that to?

7 A Twyman.

8 Q Okay.

9 A She was actually the lady that did the
10 inventory, but this was mentioned to her in front of
11 Hamel, Babcock.

12 Q Now, I notice that she also mentioned -- or
13 at least in your report you mention that Dr. Adam Dorin
14 was the anesthesiologist for all three cases that were
15 done that day.

16 A Yes.

17 Q Okay. And she just told you that, she knew
18 that?

19 A Yes, it was on the paperwork. The
20 anesthesiologist, it's listed who is the doctor, who is
21 the scrub nurse, who are the people that participate in
22 this procedure, and Dr. Dorin's name was listed as the
23 anesthesiologist.

24 Q So at the time of this report on May 11,
25 after you had interviewed them, is it fair to say that at

1 specifically Adam Dorin to see if he stole the drugs.
2 Correct?

3 A We wanted to find out if he was a player.
4 We hadn't gotten that far yet. But was he a person of
5 interest and it appeared that he was.

6 Q And that's because he was on duty at the
7 time that they went missing. Correct?

8 A Correct.

9 Q And also he was the director of this surgery
10 center and the nurse told you that these drugs could be
11 used in that type of a surgery center. Correct?

12 A Correct.

13 Q Was there any other reason other than that
14 that you had targeted Adam Dorin?

15 A No.

16 Q Was there -- at that point was there any
17 issue that the drug, Propofol, was more problematic as
18 possibly somebody could abuse that as opposed to any of
19 the other drugs?

20 A Quite frankly, they weren't concerned about
21 Propofol. They were concerned about this other
22 paralytic. They were very concerned about that, and they
23 said that a number of times, if somebody uses this that
24 doesn't know what they're doing, they could kill
25 somebody.

1 THE WITNESS: The way it works, if Howard
2 was doing the case, there was no reason for me to know
3 anything about it. I had my own cases to work. There
4 was no reason for me to even find out what was going on.
5 That was Howard's. Thank you. So I'll take care of my
6 stuff.

7 BY MR. ADMIRE:

8 Q Fair enough.

9 Well, I'll represent to you that was well in
10 2013 when that happened, but it was my understanding that
11 you were off that case --

12 A Oh, yeah.

13 Q -- and -- and only Howard was doing that
14 investigation.

15 A Howard and Raymond.

16 Q Right.

17 But up until that time, it's fair to say the
18 issue of Propofol being abused as opposed to any of the
19 other drugs was never brought up, it was never singled
20 out, the Propofol?

21 A Correct.

22 MS. CHOW: Hold on. What time frame are you
23 referencing?

24 MR. ADMIRE: Up until the time that Howard
25 took over the investigation in 2013.

1 A So that's always a concern. And then the
2 concern primarily about this paralytic is that somebody
3 uses that, the consequences aren't going to be pleasant.

4 As far as specifically this doctor is under
5 the influence, staggering around, no, that never came
6 up.

7 Q Right.

8 But generally, the fact that none of these
9 were even controlled substances that generally people
10 used to get high on --

11 A Yeah.

12 Q -- that -- and it seemed that the drugs were
13 the types of drugs to stock a surgery center, didn't that
14 kind of put to rest this issue of patient -- immediate
15 patient safety right now. Correct?

16 MS. CHOW: Misstates his testimony.

17 THE WITNESS: You're asking my opinion?

18 BY MR. ADMIRE:

19 Q Yeah, your opinion at that time, yes.

20 A Yeah.

21 MS. CHOW: Wait. What are you answering
22 "yes" to?

23 MR. ADMIRE: To my question.

24 MS. CHOW: What was your question?

25 MR. ADMIRE: Teresa --

1 they still were very concerned about the paralytic. Even
2 though that was not a controlled substances, the ultimate
3 result of not using that properly would be death.

4 So I can't say they weren't concerned
5 anymore about safety. They were always concerned about
6 safety, but not -- the type of -- because there's an
7 employee staggering down the hall under the influence,
8 that was not the type of safety they were concerned with.

9 Q Okay. And at that time of the initial
10 report, they were not concerned or nobody brought up to
11 you the issue that somebody could be abusing the
12 Propofol. Correct?

13 A No.

14 MS. GODDARD: Is that correct?

15 BY MR. ADMIRE:

16 Q Yeah, is that correct?

17 A That is correct. No one came to me and said
18 we're concerned they're getting high on Propofol.

19 Q And we talked -- in your report, which, I
20 think, is Exhibit 43.

21 A This one?

22 Q Yes. You outline in your report three dates
23 here, the May 9, May 10, and May 11 dates.

24 A Okay.

25 Q Were there any other dates that you had

1 January 3rd and 4th, OR No. 2, at 6:53 p.m.
2 is when they closed it out.

3 And then we have over on the right, weekend,
4 and then the same nurse on the 4th, that would have been
5 the same nurse who'd have done the cart.

6 And then OR 2 and 3 was stocked on the 3rd.
7 And then 1 and 3 were stocked on the 4th.

8 And I know Jana Babcock said the biggest
9 thing, she just wanted this to stop. She wanted the
10 drugs to be accounted for.

11 Q What did she mean by that?

12 A She wanted to get this over with, wanted to
13 stop losing drugs. We got to do whatever we got to do to
14 stop this from happening.

15 Q On that point, I don't want to stop you from
16 reading this, but did you ever have any discussions with
17 Mr. Albright about ways to stop the drugs from missing?

18 A Yes.

19 Q What were those?

20 A Talked about surveillance cameras.

21 Q Visible ones or hidden ones?

22 A Hidden ones. Covert camera to try to
23 determine who the bad guy was, who was taking this stuff.
24 We know how they were doing it. We just needed to find
25 out who was doing it.

1 camera would have been no use at all.

2 BY MR. ADMIRE:

3 Q So, by that reasoning, you wanted it to
4 continue enough so you could at least see it on camera
5 and catch the person. Correct?

6 A That was the plan.

7 Q Now, the reason we got into that
8 conversation is this -- on your notes where it said:
9 They just want it to stop. And I had mentioned to you,
10 did you discuss ways with anybody, Raymond or anybody
11 else, how to get it to stop and you talked about the
12 covert cameras.

13 Did you have any discussions of other ways
14 to get it to stop with Raymond?

15 A Not with Raymond, no.

16 Q With anybody else?

17 A With Babcock and the department head.

18 Q Who was --

19 A They said they were going to have a meeting
20 and just say we have some issues and there were some
21 drugs missing and we need to be real careful. And they
22 said this is what they were going to do. And I said:
23 Well, you know, that's up to you, it's your department.
24 I don't necessarily think it would be the best thing to
25 do at this point, but if that's what you want to do, then

1 go ahead and do it.

2 Q Why did you think it wouldn't be the best
3 thing to do at that point?

4 A Well, we had just talked before, we wanted
5 the behavior to continue so we could catch who the bad
6 guy was. So if we tell them that we were putting cameras
7 up and, as you mentioned yourself, that obviously the
8 behavior would stop then. So it would be useless.

9 Q Other than them announcing that they've got
10 the missing drugs and they might start a surveillance of
11 hidden cameras to get it to stop, was there any other
12 methods that was discussed prior to installing the
13 cameras that would get the behavior to stop or the
14 missing drugs?

15 A None that I was involved in. I'm sure there
16 was a lot of meetings. Believe me, there were a lot of
17 meetings. I just didn't sit in on most of them.

18 Q Would Ray have sat in on most of those?

19 A Yes. And HR. They definitely would be in
20 on all of those meetings.

21 Q Do you know, was there ever any
22 consideration prior to the cameras being installed that
23 it would capture patient images on those cameras?

24 A No. When we were talking about cameras,
25 this is the beginning of the investigation. Now, I

1 that sort of thing. It's the staging area.

2 If they're going to do a procedure -- I
3 don't know, I'm not a doctor, but let's say they need
4 five of these, four of these, six of these, twelve of
5 these, those items would be in the operating theater at
6 the time they begin. During the course of the procedure,
7 they may need other things, and this staging area is
8 where they would go to get those.

9 Q Okay. So is it fair to say at the time you
10 were involved in the -- investigating the missing drugs,
11 the issue of a patient obtaining a patient consent so
12 that you can video never came up because there was no way
13 that a patient was going to be in these videos. Correct?

14 MS. CHOW: Calls for speculation.

15 You can answer for yourself.

16 THE WITNESS: Well, let me -- the way that
17 Sharp runs the business, especially Human Resources, they
18 pretty much rule Sharp HealthCare, Human Resources. And
19 Human Resources had this thing about videotaping
20 employees in the workplace. We had to prove to them
21 there was a very definite need and we had to show the
22 need before they would sign off on videotaping an
23 employee.

24 Videotaping a patient in a private area,
25 they would never approve that. Never approve that.

1 HIPAA, patient confidentiality, all of those things.

2 Before we could do anything, we had to get
3 all these permissions and a lot of it had to do with
4 making sure we weren't violating HIPAA.

5 Q So it's fair to say, then, your
6 understanding of these cameras, they were never intended
7 to --

8 A Camera. There was only one. At the time I
9 was involved, we're only talking about a camera and a
10 laptop.

11 Q Okay.

12 A We weren't talking about anything else.

13 Q At the time of your involvement with that
14 camera, there was no discussion about consent of the
15 patients to be videotaped in these rooms because it was
16 your understanding that there was no way they would give
17 approval for that and it would violate HIPAA?

18 MS. CHOW: Calls for speculation.

19 You can speak as to yourself.

20 THE WITNESS: Speculating, yes.

21 BY MR. ADMIRE:

22 Q At what point did they decide to put more
23 cameras in more operating rooms, from your memory?

24 MS. CHOW: Calls for speculation.

25 THE WITNESS: I was not involved with that.

1 Q So you would have told Raymond and he would
2 have looked at the video at that time?

3 A Yes.

4 Q Do you know how -- if he ever got back to
5 you and said if he was able to see if Dorin or anybody
6 else may have taken the drugs at that time after he
7 looked at the video?

8 A He never told me.

9 Q But you're confident he would have reviewed
10 the video at the time to determine if somebody was taking
11 the drugs during the time of your notes here?

12 A Yes.

13 MS. CHOW: Calls for speculation.

14 THE WITNESS: But knowing Raymond, he
15 definitely would have looked at the video, yes.

16 BY MR. ADMIRE:

17 Q Prior to installing the video camera that
18 you discussed, did Sharp do any type of auditing to try
19 to determine where the drugs went?

20 A Not that I'm aware of. But there was a lot
21 of things going on that I wasn't aware of.

22 Q So you weren't aware of any internal audit
23 prior to installing the cameras to determine where the
24 drugs went?

25 A No.

1 with permission on the badge to get into that room. So
2 it's not like any employee could walk in. And it
3 definitely precludes patients because they never had the
4 card. They don't have the access. So even if the
5 patient wanted to get into that room, they couldn't do
6 it. They didn't have the card that they would scan that
7 would unlock the door to let them in.

8 Q And this room, for your understanding, was
9 where the drug carts were, where the missing drugs were
10 being noticed by the nurses?

11 A Correct.

12 MS. CHOW: Well, calls for speculation.
13 Because he wasn't the one receiving the reports. He's
14 already testified.

15 BY MR. ADMIRE:

16 Q Well, you guys weren't going to waste time
17 putting a camera on a cart that didn't have missing drugs
18 reported from it. Correct?

19 A Well, the involvement I had was a camera in
20 the staging area for OR 1. That's the only one. They
21 hadn't talked about 2 or 3 or anything else. We were
22 just -- because this is the one that she kept saying a
23 lot of drugs were missing from, the cart in OR 1. So
24 that's the one we aimed at.

25 Q So you're not aware of any internal audit

1 relating to missing Propofol prior to the cameras being
2 installed?

3 MS. CHOW: Calls for speculation.

4 THE WITNESS: I wasn't. I wouldn't have
5 been on the receiving end of those reports.

6 BY MR. ADMIRE:

7 Q Okay. Did you -- were you able to tell
8 during your investigation if Adam Dorin -- and I think we
9 may have discussed this earlier -- if he was on duty
10 during that -- I suppose the question is: How were you
11 able to tell that?

12 A When I had the original meeting following up
13 on this security report, they had the documentation about
14 which employees were working in which OR for which
15 procedure. And on the day in question, the
16 anesthesiologist for each of the three procedures that
17 were done was the same person, Dr. Dorin.

18 Q Okay. Also in the declaration you signed,
19 you stated that none of the operations performed in
20 Operating Room 1 between when Operating 1 drug cart was
21 stocked and when it was discovered that certain drugs
22 were missing, required use of any of the allegedly
23 missing drugs. Correct?

24 A Correct.

25 Q How did you determine that?

1 MS. CHOW: He's not looking at me.

2 MR. ADMIRE: You're --

3 MS. GODDARD: You're about six inches from
4 his face and I think it's inappropriate.

5 MS. CHOW: First of all, this is an
6 appropriate distance. We are sitting in two chairs
7 separate from one another.

8 THE WITNESS: I'm not uncomfortable.

9 MS. CHOW: I'm just looking to see what his
10 answer is. And I don't think I've done anything
11 inappropriate. I have not been coaching the witness. He
12 wasn't even looking in my direction when you just pointed
13 that out. He was looking at the court reporter.

14 MS. GODDARD: I understand.

15 (The following record was read:

16 Q. Prior to the time, though, that he took
17 over, whatever exact date it was in 2013,
18 the issue of Propofol being abused by some
19 doctor had never come up. Correct?)

20 THE WITNESS: Not when I was involved in the
21 conversations, no.

22 BY MR. ADMIRE:

23 Q Right.

24 In fact, the issue of Propofol being a
25 dangerous drug at that time had never been discussed

1 didn't come to work. So there was no way I was aware of
2 anything that was going on.

3 Q But that wasn't until 2014?

4 A '14, correct. But once -- when we're
5 dealing with a case similar to this, we don't talk to a
6 lot of other people about it. It's the principals. You
7 talk to your boss and whoever your boss tells you to talk
8 to. You don't just arbitrarily go and say, hey, you know
9 what I'm doing today, I'm looking into this doctor who is
10 a drug addict. You don't do that.

11 Q Let me ask you generally about the cameras.
12 In the report, I believe this was by Mr. LaBore, there
13 was a statement there were 28 cameras in the Women's
14 Center designed to capture a person that would enter or
15 leave the center for the protection of the newborns.

16 Is that your understanding of the purpose of
17 those cameras in the Women's Center?

18 A Oh, yeah, absolutely. Infant tagging system
19 was very important in the newborn section because babies
20 get stolen. So there was quite an involved procedure on
21 getting the proper people identified, who were able to go
22 in to see the baby and so forth. And they had cameras in
23 all the public areas, in other words, where people could
24 go as a normal routine. There was no cameras in patient
25 rooms, procedure rooms, no, none.

1 Q And why weren't there any cameras in the
2 patient rooms and labor and delivery rooms?

3 A Why?

4 Q Yeah.

5 A I don't think it's something that you would
6 want to have video. I mean, if a father wanted to video
7 and mama said it was okay, that happened a lot. But
8 having one in the ceiling or in -- no. No. You wouldn't
9 do that.

10 Q And that's because of HIPAA?

11 A Of patient confidentiality, yeah.

12 Q And that would hold true for inside the
13 operating room during a procedure?

14 A Absolutely.

15 MS. CHOW: It calls for speculation. Expert
16 opinion. It's an incomplete hypothetical.

17 THE WITNESS: There's an exception to
18 everything.

19 BY MR. ADMIRE:

20 Q Is there an exception to that?

21 A Well, apparently there was because they put
22 the cameras in there and then they found a way around it.
23 And, again, it wouldn't have happened without a whole lot
24 of people signing off on it.

25 Q And do you know as you sit here today who

1 video. I was gone by then. I mean "gone," I was not
2 involved with that case.

3 BY MR. ADMIRE:

4 Q Did you ever have any discussions with
5 Mr. Albright or Mr. LaBore where they told you the angle
6 of the video made it difficult to tell what drugs were
7 actually taken from the cart?

8 A No. There was no reason for them to have
9 that conversation with me. I wasn't involved with the
10 case anymore.

11 Q All right. We briefly discussed -- you
12 talked about Ms. Tarbet having to sign off on this. And
13 during Mr. Albright's deposition, he was asked about that
14 as well. And I believe he confirmed that she did, in
15 fact, sign off on it.

16 He was asked, basically, prior to the
17 cameras being installed, was Ms. Tarbet's goal of the
18 investigation to deter or to catch the thief? And
19 Mr. Albright's response was: Obviously she wanted to
20 catch -- in my opinion, she wanted to catch the person as
21 opposed to stop it.

22 A M-hm.

23 Q And we talked about ways to stop it, like
24 you had mentioned, possibly you announce it to everybody
25 that there's going to be cameras and that would stop it.

1 Correct?

2 A Right.

3 Q And there's probably other ways that could
4 have stopped it?

5 A Announce a drug test. That came up.

6 Q Okay.

7 A It came up and was immediately thrown away.
8 But, I mean, we're talking about different ways to come
9 up with stopping this.

10 Q Why was that part stopped, by announcing a
11 drug test?

12 MS. CHOW: Calls for speculation.

13 THE WITNESS: Too much law involved there.

14 BY MR. ADMIRE:

15 Q Okay. Do you know why Ms. Tarbet wanted to
16 catch the person as opposed to just stop it?

17 A I have no idea.

18 MS. CHOW: Calls for speculation.

19 THE WITNESS: I never talked with
20 Michelle Tarbet.

21 BY MR. ADMIRE:

22 Q About this?

23 A About anything.

24 Q Okay.

25 A Never had a chance -- I met the lady a

1 (Ms. Goddard and Mr. Admire confer off the
2 record)

3 BY MR. ADMIRE:

4 Q I'm going to show you a document that's
5 previously marked as Sharp 09 through Sharp 27. And I
6 just want to -- I'll represent to you that this appears
7 to be Mr. LaBore's report of this incident.

8 Have you ever seen this before?

9 A No.

10 Q Okay. On the third paragraph down, on 09,
11 he states: Per Sweet's report, there was no written
12 record of any missing drugs previous to May 2012, but
13 both Hamel and Babcock say the losses go back a few
14 years.

15 Is that accurate?

16 A Yes, I mentioned that in a report we
17 reviewed earlier.

18 Q Okay. In the next page, on page 10, on the
19 paragraph just above where it says "Investigation,"
20 Mr. LaBore says: Based on Investigator Sweet's notes,
21 Dr. Dorin was identified in several of the videos when
22 the missing drugs were reported.

23 Is that accurate?

24 A No.

25 Q What is inaccurate about that?

1 A No.

2 MS. CHOW: Calls for speculation, legal
3 conclusion.

4 BY MR. ADMIRE:

5 Q Do you know if the drug carts were locked at
6 the time of the thefts?

7 A I don't know.

8 MS. CHOW: Calls for speculation.

9 BY MR. ADMIRE:

10 Q Two sentences down, it states in the same
11 paragraph: The drug carts are never locked because the
12 anesthesiologists do not like to deal with a locked cart.

13 Does that refresh your recollection if they
14 told you whether the carts were locked or unlocked?

15 A No. Never came up with my involvement with
16 the case.

17 Q And, again, he states there: There are no
18 narcotics or controlled substances stored in these drug
19 carts.

20 That's accurate to your recollection?

21 A According to the information I got from the
22 nurses when I first looked into this, that none of these
23 were controlled substances.

24 Q Okay. And he used the word "narcotics"
25 there. None of them were narcotics either. Correct?

1 A Right.

2 MS. CHOW: Calls for speculation. Expert
3 opinion.

4 BY MR. ADMIRE:

5 Q Between the time that you did your initial
6 report of the missing drugs in May of 2012 and the time
7 the cameras were installed, which seemed to be sometime
8 in July of 2012, what type of steps did you, as the
9 investigator of this, take to determine what was the
10 cause of the missing drugs?

11 A What steps did I take to determine what was
12 the cause of the missing drugs?

13 Q I suppose to answer this a better way: Did
14 you do anything to try to determine, other than what
15 we've discussed, looking at Dr. Dorin's website, but did
16 you do anything to investigate the matter other than you
17 guys started talking about let's install these video
18 cameras, and I think you told the people not to announce
19 it, you know, that was the discussion, that you wouldn't
20 announce it because of what we had discussed, but other
21 than the idea that, hey, let's install these secret video
22 cameras from the time of May 2012 that you got your
23 initial report and the time the cameras were installed,
24 did you do any other investigation to try to determine
25 who was stealing these drugs?

1 A Sure.

2 MS. CHOW: Same objections.

3 THE WITNESS: If this was a camera in a
4 public area like in a lobby and it showed patients'
5 faces, there's no problem with that.

6 BY MR. ADMIRE:

7 Q Okay. I may have asked this already; I
8 think I did. You're not aware of any internal audit that
9 Sharp did prior to July of 2012 to determine where the
10 Propofol went?

11 A I'm not aware of that.

12 Is there a restroom nearby?

13 MR. ADMIRE: Let's take a five-minute break.

14 (Off the record at 12:37 p.m.)

15 (Recess)

16 (On the record at 12:59 p.m.)

17 BY MR. ADMIRE:

18 Q I wanted to ask you, go back and ask you, in
19 relation to this document that's Sharp 1375 through 1379,
20 and I know previously you said you had never seen that
21 before, but it seems to have dates on there and show --
22 and it's entitled Missing Drugs from the Anesthesiologist
23 Carts.

24 Do you believe that's something that
25 Howard LaBore would have created?

Exhibit 6

(LODGED CONDITIONALLY UNDER SEAL)



Transcript of the Testimony of:

Linda Hamel

Jones

v.

Sharp Healthcare

October 31, 2017

Volume I

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SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN DIEGO - CENTRAL DIVISION

CARLA JONES, on behalf of
themselves and all others
similarly situated,

Plaintiffs,

-vs-

SHARP HEALTHCARE, a California
Corporation; GROSSMONT HOSPITAL
CORPORATION dba SHARP GROSSMONT
HOSPITAL, a California Corporation
and DOES 1-100, inclusive,

Defendants.

Case No.
37-2017-
00001377-
CU-NP-CTL

DEPOSITION OF LINDA HAMEL

TUESDAY, OCTOBER 31, 2017

10:07 A.M.

501 WEST BROADWAY, SUITE 1000

SAN DIEGO, CALIFORNIA

REPORTED BY:

DEBERA ANNE DORAN

CSR NO. 7821

1 A Train you to those other areas. So I
2 started out in the recovery room. I was interested in
3 training to labor and delivery. So they did that. Also
4 into the operating room in obstetrical and GYN. So they
5 trained me into that also.

6 Q What years would that have been that you
7 were doing that?

8 A This was from probably late 1986 on.

9 Q On until when?

10 A Until I took the supervisor position.

11 Q When did you take the supervisor position?

12 A That was in April of 2011.

13 Q What was that position?

14 A It was -- at that point I was in the -- just
15 the operating room and recovery room. And so that's what
16 I was supervisor of, the women's operating room and
17 recovery room.

18 Q What did that job entail?

19 A It entailed having 24/7 responsibility of
20 that particular unit, doing staffing, setting up
21 education orientation, a lot of administrative meetings,
22 keeping track of regulatory issues for an operating room,
23 filling in clinically if we were short staffed, being in
24 charge and running the unit.

25 Q How long did you have that position?

1 A I had that position almost three-and-a-half
2 years.

3 Q So from 2011 until?

4 A 2014.

5 Q Okay. I'll come back and talk about that.
6 But then you went to Sharp Mary Birch?

7 A Correct.

8 Q What was the reason for that?

9 A I stepped down from the supervisor position
10 and went back into a staff position and wanted to
11 transfer out of my unit and over to Mary Birch because
12 it's much larger with a bigger volume, and I wanted to
13 learn more operating room skills.

14 Q And how long did you do that?

15 A I was only there for three months.

16 Q Why did you leave there?

17 A During that period of time, my mom had
18 open-heart surgery and had a stroke during surgery and
19 was -- had a lot of difficulty caring for herself. And I
20 wasn't able to meet their on-call requirements. So the
21 on-call requirements at Grossmont, in the same unit that
22 I was from, were much less. And so I felt it would
23 probably be best for myself and for Mary Birch. It
24 wouldn't be fair to them to be constantly taking off.

25 Q So you basically transferred back to

1 A No.

2 Q What about stocking of the anesthesia carts,
3 were you responsible for overseeing that?

4 A Yes.

5 Q And is that just the carts that are in the
6 operating room or the labor-and-delivery rooms as well?

7 A I was responsible only for the operating
8 room.

9 Q And what were your responsibilities in
10 relation to stocking those carts?

11 A While I was the supervisor?

12 Q Yes.

13 A I was responsible for just making sure that
14 it was done on a daily basis.

15 Q How did you do that?

16 MR. PEARSON: I object as vague as to time.

17 BY MR. ADMIRE:

18 Q Let me clarify that. You were the
19 supervisor, then, from about 2011 through 2014. Correct?

20 A Yes.

21 Q Okay. And so during that time is the time
22 we're talking about when you were making sure that the
23 carts were stocked on a daily basis. So my question is:
24 How did you make sure they were stocked? I mean, did you
25 call the pharmacy? Did you tell the nurse to go do it?

1 Or how did you physically do that?

2 A The nurses knew that that was part of their
3 job. So I really didn't have to tell them on a daily
4 basis. I was able to trust that they would do it.
5 Because they knew what their job was.

6 Q Was there ever a time when it wasn't done,
7 where you had to step in and do something to make sure it
8 was done?

9 A Yes.

10 Q How many times did that happen?

11 A I wouldn't be able to tell you that.

12 Q Can you give me an estimate? Like under 10
13 times or over 10 times?

14 A During that entire period?

15 Q Yeah, during the time you were the
16 supervisor between 2011 and 2014.

17 A Oh, probably under 10 times.

18 Q Would you say under five times that that
19 happened?

20 A I would say between five and 10 times.

21 Q Okay. On those times, what did you do?
22 Describe those times to me.

23 A I would say: Hey, did you guys have a
24 chance to stock the carts? Because Dr. So-and-so said
25 they're a little low.

1 contain Propofol. I believe that's a controlled
2 substance. I'm not sure what level it is. But I don't
3 know that for sure.

4 Q Did the Pyxis machines contain narcotics?

5 A Yes.

6 Q So if a doctor in the operating room wanted
7 to use narcotics, he would have to go outside the
8 operating room and go to the Pyxis machine to obtain the
9 narcotics?

10 A That was one way to do it.

11 Q What was the other way?

12 A Or ask the circulating nurse to do that for
13 him.

14 Q Who had access to these anesthesia carts
15 that were in the operating room? Rooms, plural.

16 MR. PEARSON: Duane, are we limiting it to
17 2011 to 2014?

18 MR. ADMIRE: Yes.

19 MR. PEARSON: From here on, unless he tells
20 you otherwise, we're limiting it to 2011 to 2014.

21 THE WITNESS: Okay. Ask me that again,
22 please.

23 BY MR. ADMIRE:

24 Q Who had access to the anesthesia carts
25 during this period of time?

1 A Anyone who was in the unit could have
2 access.

3 Q Were they locked when the units were not
4 being used?

5 A No.

6 Q Did they have the ability to be locked?

7 A Yes.

8 Q Why were they not locked?

9 MR. PEARSON: Objection. Calls for
10 speculation.

11 If you know, you can answer.

12 THE WITNESS: I'm going to say that there
13 were a couple of reasons. One is that the nurses just
14 didn't routinely lock them. But part of that reasoning
15 was because the anesthesiologists did not want them
16 locked in case of an emergency.

17 BY MR. ADMIRE:

18 Q Did the anesthesiologists not have a key
19 then?

20 A No. There weren't multiple keys.

21 Q During your time in that supervisory
22 position between 2011 and 2014, did you ever have any
23 discussions with anybody else about locking the
24 anesthesia carts?

25 MR. PEARSON: I object as to "anybody else."

1 anesthesiologists to the carts in case of emergency. So
2 what made you believe you were supposed to be locking
3 them when the operating rooms are not in use?

4 A I believe that's a regulatory issue, having
5 drugs locked up.

6 Q Is that a Sharp regulation or is that like a
7 HIPAA regulation or some other regulation?

8 A Some other regulation.

9 Q Okay. So it was your understanding as well
10 as Sharon's and Lilly's that, generally, there's a
11 regulation for hospitals to lock their anesthesia carts
12 in the operating room when they're not in use?

13 A Correct.

14 Q And then when you said initially there was
15 no change, why was there no change after discussions
16 about supposed to be locking them?

17 MR. PEARSON: Objection. Calls for
18 speculation.

19 You can answer.

20 THE WITNESS: Because the anesthesiologists
21 were against locking the carts due to emergency
22 situations.

23 BY MR. ADMIRE:

24 Q How long does it take to open a cart if it's
25 locked?

1 were unlocked. Is that fair to say?

2 A That that was in the report? Yes.

3 Q Is it fair to say that that actually
4 occurred?

5 A I believe that was the general consensus at
6 the time. It's been so long that I can't answer that a
7 hundred percent.

8 Q Did you ever witness any anesthesiologist or
9 medical personnel coming over from the main hospital and
10 borrowing drugs from those carts in the three operating
11 rooms in the Women's Center?

12 A No.

13 Q So when you say you believe that was the
14 main consensus that that occurred at the time, how did
15 you hear about that?

16 A There was concern that -- because the
17 main -- because people were able to go back and forth,
18 staff and anesthesiologists, from the operating rooms,
19 that was one of the comments that was made by staff as a
20 possibility.

21 Q As a reason for the missing drugs?

22 A Correct.

23 Q Has anything else changed to this day in
24 relation to those three drug carts? Are they still kept
25 unlocked or locked?

1 A They're Pyxis machines now.

2 Q Is that because of a result of the missing
3 drugs?

4 MR. PEARSON: Objection. Lacks foundation.
5 Calls for speculation.

6 If you know.

7 THE WITNESS: I don't know.

8 BY MR. ADMIRE:

9 Q When were the Pyxis machines installed?

10 A Probably 2013 or '14. I believe it was
11 while I was supervisor.

12 Q After they changed those carts to Pyxis
13 machines, did they have trouble with missing drugs out of
14 them?

15 A I wouldn't know that because we don't do an
16 inventory or stock those carts any longer.

17 Q Have you heard any reports that they're
18 still missing drugs out of them or not?

19 A I have not.

20 Q Back when you had discussions with your two
21 supervisors about possibly locking those carts, was there
22 ever discussions about -- at that time about putting in
23 Pyxis machines in those three operating rooms?

24 A I believe that that was brought up.

25 Q Do you know why that wasn't done?

1 Mr. Sweet about it? Do you recall?

2 A I do not recall.

3 Q Well, at any rate, this report says
4 that somebody in security met with the supervisor, Linda
5 Hamel, regarding the theft. Do you recall generally
6 meeting with somebody about the missing drugs?

7 A Yes.

8 Q And do you recall telling them that they
9 have been missing an assortment of drugs over the past
10 few months?

11 A Yes.

12 Q And further down, it states that -- he says:
13 Upon further speaking with Linda, she informed me that
14 employee Jana Babcock had noticed that drugs had been
15 missing from the cart since April 2011 and employee Sandy
16 Twyman stating that drugs had been missing for about
17 three months.

18 And is it fair to say that you understood
19 that the drugs had basically been missing since 2011?

20 A Yes, it's fair to say.

21 Q And the reason you decided to report this is
22 that, it says here, that more than normal or the usual
23 amount of drugs missing -- were noticed missing, and so
24 that's why you decided to report it?

25 A No, that's not why.

1 arranged for them to interview me. Talk with me.

2 Q Let me show you a document that has been
3 previously marked Sharp 1378 and ask you if you recognize
4 anything on that document?

5 A I've never seen that document.

6 Q Okay. You don't recognize any of the
7 handwriting?

8 MR. PEARSON: Do you recognize any of the
9 handwriting?

10 THE WITNESS: No.

11 BY MR. ADMIRE:

12 Q Do you recognize what it's referring to by
13 reading some of the words that are on it?

14 A Yes.

15 Q What is that?

16 A It appears to be specific dates and rooms
17 and missing drugs and when the rooms were stocked.

18 Q Do you see where it says "just want it to
19 stop"?

20 A Yes.

21 Q Do you know what that is referring to?

22 A No.

23 Q Is it fair to say that at some point you
24 told security that the goal of notifying them was that
25 you wanted the missing drugs to stop going missing?

1 A That's fair.

2 Q So it's possible that they -- that that's a
3 note from an interview with you by one of the security
4 personnel?

5 MR. PEARSON: Objection. Calls for
6 speculation. Lacks foundation.

7 THE WITNESS: I don't know if it was an
8 interview with me or one of the other nurses.

9 BY MR. ADMIRE:

10 Q But your position at the time was you wanted
11 the missing drugs to just stop going missing. Correct?

12 A Yes.

13 Q Okay. Now, on at that same page on Sharp
14 004 -- or just Sharp 4, I guess, it says that -- in about
15 the -- I don't know which sentence it is -- but it says
16 after one of the comments: But today she noticed a lot
17 more than usual were missing and not the usual drugs, the
18 main OR borrows.

19 What did you mean by that?

20 MR. PEARSON: Objection. Assumes facts not
21 in evidence. Calls for speculation.

22 Go ahead.

23 THE WITNESS: I don't recall.

24 BY MR. ADMIRE:

25 Q But we talked earlier about your

1 understanding people from the main ORs do come over and
2 borrow drugs from these three carts in the Women's
3 Center. Correct?

4 A Correct.

5 Q And here it looks like, whoever took this
6 report -- and I believe it was Mr. Franco -- stated that,
7 after speaking with you, that one of the reasons for the
8 report was that more drugs were missing than usual than
9 what the main ORs would borrow. Does that refresh your
10 memory that -- I mean, could you have told him that?

11 A Yes, I could have.

12 Q And by that, you meant just you guys were
13 aware that part of the missing drugs from these carts
14 were because people from the main ORs generally come over
15 and use them because they're the only unlocked carts in
16 the hospital. Correct?

17 MR. PEARSON: Objection. Misstates
18 testimony. Assumes facts not in evidence.

19 You can answer.

20 THE WITNESS: I don't know if their carts
21 were locked in the main OR.

22 BY MR. ADMIRE:

23 Q But you did know that sometimes they would
24 come over and borrow drugs from the Women's Center?

25 A Sometimes.

1 four paragraphs down where it starts with your name,
2 Linda Hamel --

3 A Yes.

4 Q -- on the paragraph below that, it says: On
5 Friday, May 11, 2012, I interviewed both Linda Hamel and
6 Jana Babcock at the Women's Center. They agreed that the
7 drugs taken were as if someone was stocking a surgery
8 center.

9 Is that your recollection of what you recall
10 at that time?

11 A I recall having that conversation.

12 Q Why did you believe it was somebody that
13 might be stocking a surgery center?

14 A The drugs that were missing were drugs used
15 in surgery.

16 Q Was it also just the amount and variety of
17 different drugs that were missing?

18 A Yes.

19 Q Now, it says here that they said -- meaning,
20 I suppose, you and Jana -- said: There was no street
21 value for the drugs and that special knowledge was
22 required to administer them.

23 What did you mean that there was no street
24 value for the drugs?

25 MR. PEARSON: Objection. Assumes facts not

1 THE WITNESS: I don't recall why I
2 specifically pointed that drug out.

3 BY MR. ADMIRE:

4 Q Now, the next paragraph down, it says:
5 Hamel said that, around June 2008, Dr. Dorin had told the
6 staff that he and his wife had opened an M.D. spa in
7 Santee and was passing out fliers to the staff regarding
8 this side business.

9 Did you mention that to the security
10 because, in your view, what was taken appeared to be
11 something that would be stocking another surgery center?

12 MR. PEARSON: Objection. Lacks foundation.
13 Assumes facts not in evidence.

14 You can answer.

15 THE WITNESS: I thought it could be relevant
16 for that reason.

17 BY MR. ADMIRE:

18 Q And no other reason that you mentioned that?
19 I mean, you didn't have any personal animosity towards
20 Dr. Dorin, did you?

21 A No.

22 Q And you didn't believe he was a drug user at
23 that time, did you?

24 A No.

25 Q Now, the next paragraph on Sharp 6 states:

1 and I think it's Sharon Dorin -- are listed as directors.
2 Did you ever meet Sharon Dorin?

3 A No.

4 Q Do you have an understanding, is she a
5 medical doctor?

6 A I think she's a dentist.

7 Q How did you come to that understanding?

8 A I remember multiple nurses having
9 conversations with him when he was passing out the fliers
10 and talking about the spa that he was going to be opening
11 up.

12 Q In that type of spa, do you know what type
13 of procedures they were doing?

14 A I believe they were cosmetic-type
15 procedures.

16 Q So cosmetic surgery, and the type of drugs
17 that would be missing would likely be used for those
18 types of surgeries as well?

19 A They could be.

20 Q And the next sentence down says: There was
21 no written record of any of the missing drugs prior to
22 May of 2012, but both Hamel and Babcock say the losses go
23 back a few years.

24 Is that statement accurate?

25 A Yes.

1 Q And what would you do with it?

2 A I would compare that against any cases that
3 were done the night -- overnight, and in each particular
4 room, and what kind of cases they were, and look at their
5 anesthesia records.

6 Q And was that kind of an exact way to do it
7 or was that more of an estimate?

8 MR. PEARSON: Objection. Vague.

9 BY MR. ADMIRE:

10 Q To tell what was missing after that?

11 A It wasn't an estimate.

12 Q Let me ask you this: On the vials -- for
13 instance, the Propofol -- is one vial generally a dose
14 for one patient that would be used for one patient and
15 another vial for the next patient?

16 A Yes.

17 Q Is that true with the Zofran too?

18 A You can use more than one vial of Zofran on
19 a patient.

20 Q So you would take these notes and give them
21 immediately to Linda every time you would receive them
22 from missing drugs or you would keep them for about a
23 week and then give them to her?

24 A I believe I kept them for about a week.

25 Q Would you give her the exact documents that

1 the nurses gave you or did you transfer and put it in an
2 email format?

3 A I gave her the documents.

4 Q Did you ever keep track of the missing drugs
5 on a computer?

6 A No.

7 Q Let me show you what has been previously
8 marked as Sharp 1379. Ask you if recall seeing that
9 document?

10 MR. PEARSON: Take your time.

11 THE WITNESS: I believe that I do recall
12 that.

13 BY MR. ADMIRE:

14 Q And what is that document?

15 A It's an email from Jana to myself on her
16 tallying of the drugs.

17 Q What date was that email?

18 A January 4, 2013.

19 Q And how long of a period of time was her
20 tally of the missing drugs from that email? Was that
21 just one night?

22 A It looks like it was from one day to the
23 other, just one day, a 24-hour period.

24 Q Now, going back to Sharp number 9, where you
25 see that -- sorry, before I ask that.

1 somebody could be stocking a surgery center?

2 A It was possible.

3 Q Did you have any other thoughts at that
4 time?

5 A I didn't know what to think.

6 Q Did you have any reason to believe at that
7 time that somebody could be abusing any of these drugs?

8 A No.

9 Q So it's fair to say, at that time at least,
10 in -- up until September of 2012, you didn't have any
11 reason to believe that any of the Sharp's patients
12 were -- their safety was in jeopardy due to these missing
13 drugs?

14 MR. PEARSON: Objection. Misstates
15 testimony. Assumes facts not in evidence.

16 THE WITNESS: I can't relate -- necessarily
17 exclude missing drugs from patient's safety.

18 BY MR. ADMIRE:

19 Q So -- but my question is: At this time, did
20 you have any reason to believe that the patient's safety
21 could be at risk due to this -- the amount of missing
22 drugs that you had discovered in this four-month period?

23 A No.

24 Q At some point thereafter, there was an
25 incident where it was believed that possibly a physician

1 was using these drugs to inject himself. Correct?

2 MR. PEARSON: Objection. Lacks foundation.
3 Calls for speculation.

4 THE WITNESS: Yes.

5 BY MR. ADMIRE:

6 Q And at that time your opinion might change
7 that maybe then it could be more of a patient safety if a
8 physician is using these drugs, injecting himself.
9 Correct?

10 A Correct.

11 Q And that happened sometime in early 2013
12 when Dr. Dorin was seen stumbling down a hall and dropped
13 a syringe and a cap, which was believed to be Propofol at
14 that time. Correct?

15 A Yes.

16 Q If you turn to Sharp 12, if you go about
17 three paragraphs down where you see your name, Hamel, it
18 says: Hamel said they have three operating rooms and two
19 labor-and-delivery rooms at the Women's Center.

20 Is the reason you mention the
21 labor-and-delivery rooms because those rooms also had
22 anesthesia carts in them?

23 A That sentence is incorrect.

24 Q Okay. Why is that incorrect?

25 A Because there were more than two

1 carts out on labor and delivery.

2 MR. ADMIRE: All right. Would you like to
3 break for lunch or just take a break and keep going? But
4 I've got to go down and feed the meter.

5 MR. PEARSON: I think the court reporter
6 would probably appreciate a lunch break.

7 (Off the record at 11:41 a.m.)

8 (Recess)

9 (On the record at 12:07 p.m.)

10 BY MR. ADMIRE:

11 Q I'm going to hand you what has been Bates
12 stamped 1375 through 1377. I believe I only have one
13 copy of it, and I'll let you and your attorney share
14 that. This purports to be a summary of the missing drugs
15 that were reported, I suppose, through you, through your
16 supervisors, back to security for certain dates. Does
17 that generally look accurate to what your recollection
18 is?

19 A Yes.

20 MR. PEARSON: Take a look at it.

21 BY MR. ADMIRE:

22 Q Let me show you this document, which has
23 been Bates stamped Sharp 82. And this also, I think, was
24 in that -- well, it wasn't in what you reviewed, but it
25 was in the end of that summary. I don't believe you

1 reviewed this yesterday. But it was notes from
2 Mr. LaBore. And if you can see there, from May 14, 2012,
3 through 9/14/2012, he documents and totals up the number
4 of drugs that were reported missing. And it looks like
5 he got them from the previous sheets I handed you. Does
6 that look like those are accurate?

7 A Yes.

8 Q Okay. So from May 14, 2012 through
9 September 14, 2012, a four-month period, it looks like
10 the total number of Zofran that went missing were 15
11 vials.

12 A According to this, yes.

13 Q And that's generally your recollection of
14 what you reported. You don't have any reason to believe
15 that this is wrong?

16 A Correct.

17 Q And one epinephrine. Correct?

18 A Yes.

19 Q And three Lidocaine?

20 A Actually, it's ephedrine.

21 Q Thank you.

22 When you go down this list here on Sharp 82,
23 looks like the number-one missing drug was actually
24 Zofran, 15 vials. And the number-two missing drug was
25 Toradol, 10 vials. Correct?

1 A Correct.

2 Q And then four of the other drugs have four
3 vials missing each, which was the -- I'm going to let you
4 pronounce the first one with an S. What is that?

5 A Succinylcholine.

6 Q Okay, had four missing vials and spinal
7 Marcaine had four missing vials as well?

8 A Yes.

9 Q And Propofol had four missing vials. Is
10 that correct?

11 A Yes.

12 Q And I apologize for doing this, and I
13 promise you I wasn't trying to trick you earlier. But I
14 will show you one more marked as Sharp 102 and ask you if
15 you've seen this.

16 A (No response)

17 Q Does that refresh your recollection that
18 maybe you sent an email about the missing drugs to your
19 supervisor?

20 A It does.

21 Q And what is this document?

22 A It's just an accounting of what at least one
23 of the nurses told me about the missing Toradol vials in
24 our operating room three.

25 Q What is Toradol?

1 BY MR. ADMIRE:

2 Q Because your email says the Toradol missing
3 was on the 14th and 15th. Correct? Of --

4 A 13th, overnight to the 14th.

5 Q Okay. And his summary seems to go up to the
6 14th. So it likely included that number of Toradol -- or
7 worst case scenario, there were actually 16 missing
8 bottles of Toradol instead of just 10. But it was one of
9 those. Correct? Do you recall which one of those it
10 was?

11 A I don't recall.

12 Q Okay. Suffice it to say that, by the time
13 of September 14, it was either a total of 10, if he was
14 counting those six from your email, or it would be a
15 total of 16 missing. Correct?

16 MR. PEARSON: Objection. Calls for
17 speculation.

18 THE WITNESS: I would say that's accurate.

19 BY MR. ADMIRE:

20 Q Now, at this time up until September 14 of
21 2012, Propofol was not singled out as a drug that may be
22 abused or used -- being abused by one of the medical
23 staff at this point. Correct? It was just kind of all
24 the drugs, generally, were missing.

25 A Correct.

1 Q And it wasn't until Dr. Dorin was found --
2 or seen stumbling down the hall that the issue of
3 Propofol became more of a -- singled out as an important
4 drug that could be missing. Correct?

5 MR. PEARSON: Objection. Calls for
6 speculation. Lacks foundation.

7 THE WITNESS: I don't know the time frame on
8 that.

9 BY MR. ADMIRE:

10 Q But certainly up until September 14 of 2012,
11 Propofol hadn't been singled out as a problem missing;
12 and, in fact, in this five-month period, there were only
13 four vials of Propofol total reported missing. Correct?

14 A Correct.

15 Q And it would be accurate to say up until
16 that time, up until September 14, 2012, Propofol wasn't
17 thought of as a drug that could be abused by one of the
18 staff members or used wrongfully any more than any of the
19 other drugs that might be missing. Correct?

20 A Correct.

21 Q And as we just pointed out, in fact, there
22 were many more of the other drugs missing, like Zofran
23 and Toradol, than there was Propofol missing. Correct?

24 A Correct.

25 MR. PEARSON: Could we go off the record for

1 MR. PEARSON: Objection. Lacks foundation.
2 Calls for speculation.

3 THE WITNESS: Can you ask me that again?
4 I'm sorry.

5 BY MR. ADMIRE:

6 Q Yeah, on March 7 of 2013, would you have
7 told Mr. LaBore that you could not tell how many drugs or
8 what kind were missing due to control issues?

9 A Yes, I could have said that.

10 Q What would you have meant by that?

11 A That, at that point, we thought there might
12 be an issue of missing drugs, but we had not done any
13 kind of accounting on what drugs those were. There was
14 no specific level to which those drugs were stocked every
15 day.

16 Q So at that point up to -- let me ask you
17 this.

18 Prior to -- let's use this date from the
19 other drug with that summary -- September 14 of 2012,
20 were you aware of any internal audit that Sharp conducted
21 to try to determine where the missing Propofol went?

22 MR. PEARSON: I object. Vague as to
23 "internal audit."

24 If you understand, you can answer.

25 THE WITNESS: No.

1 talked to you. Does that sound accurate?

2 A Yes.

3 Q So this is a case where Mr. LaBore would
4 watch the video clips to try to find where he would see
5 Dr. Dorin possibly removing drugs, and then check back
6 with you to see, are those the dates he was supposed to
7 be working, and, you know, did he use drugs on patients
8 that day. Was that the purpose of it?

9 MR. PEARSON: Objection. Lacks foundation.
10 Calls for speculation.

11 If you know.

12 THE WITNESS: Correct.

13 BY MR. ADMIRE:

14 Q And then the last sentence on that page
15 before the box, it says: Hamel provided me with
16 Dr. Dorin's work schedule on specific days that I
17 requested.

18 Do you recall doing that?

19 A Yes.

20 Q So at this point, your understanding was
21 that Mr. LaBore would just watch the videos until he saw
22 Dorin take something and then come to you and say, hey,
23 what was he supposed to use and how much on this day,
24 because I see him taking drugs out; and then you guys
25 would try to reconcile to see if any was missing that

1 that occurred at Sharp in 2008?

2 A No.

3 Q Let me show you this.

4 MR. PEARSON: Let me take a look at it
5 first.

6 MR. ADMIRE: Let's mark this as an exhibit.
7 We'll mark this as Exhibit 62.

8 (Exhibit No. 62 marked)

9 BY MR. ADMIRE:

10 Q Did you ever read this story that, I
11 believe, appeared in iNews source after the -- I guess
12 after May of 2016?

13 A Say that again?

14 Q Do you recall reading or seeing this story?

15 A Yes, I do.

16 Q On page 2 of Exhibit 62, in the middle of
17 the page, there is a highlighted section there, and it
18 says: Another Grossmont anesthesiologist, Dr. David
19 Diehl, told a medical executive committee on April 10,
20 2013, that the removal of drugs probably wasn't theft.
21 Anesthesia carts are unlocked and physicians often take
22 one to three vials for emergencies. These are
23 life-and-death situations.

24 When you read that, did that strike you as
25 accurate?

1 A Yes.

2 Q And then on the next page -- or two pages
3 back, the third-to-the-last page, there is another
4 highlighted section, where the article states: Diehl
5 said the story is not about drug diversion. And then, in
6 parentheses, medical personnel taking medications
7 intended for patients for personal use or gain, close
8 parentheses, the real story was that Michelle Tarbet,
9 Grossmont's former senior vice president and CEO, who is
10 now deceased, had a vendetta against Dorin. When she
11 found out he was taking the drugs, she used that against
12 him to get rid of him. She went to great lengths to do
13 that.

14 Are you aware of any vendetta that Michelle
15 Tarbet may have had against Dr. Dorin?

16 A No.

17 Q Do you have any reason to believe that what
18 Dr. Diehl says there is false?

19 A I don't really have an opinion about it.

20 Q Did you ever see this May 16, 2016 open
21 letter to the public written by Dr. Sullivan? Did you
22 ever get a chance to read that or see that?

23 MR. PEARSON: Take your time.

24 THE WITNESS: I did see that.

25 ///

1 BY MR. ADMIRE:

2 Q Was there anything in there, when you read
3 it then or when you read it now, that you would believe
4 is not true?

5 MR. PEARSON: Take your time and go through
6 the whole thing.

7 THE WITNESS: What was the question again in
8 reference to this?

9 BY MR. ADMIRE:

10 Q Is there anything contained in that letter
11 that Dr. Sullivan wrote that you would say is untrue?

12 A No.

13 Q I want to go back to Sharp -- I guess it
14 starts on Sharp 18, what was Bates stamp Sharp 18. I'll
15 represent to you this is the day of the incident with
16 Dr. Dorin. And it says on March 26 at 9:10. So it looks
17 like at nine o'clock in the morning you talked with
18 Howard LaBore by telephone. Is that fair to say?

19 A Yes.

20 Q I think the actual incident I want to talk
21 about is on the next one, on Sharp 19. And it looks like
22 it was another telephone call from you to Mr. LaBore.
23 And on this date, on March 27, you had told him about an
24 incident where you were contacted by Jana Baincock
25 (phonetic) about an incident with Dr. Dorin. Do you

1 recall that?

2 A Yes.

3 MR. PEARSON: Just for clarity sake, that's
4 a typo. It should be Babcock.

5 THE WITNESS: Oh, yes.

6 MR. ADMIRE: Okay.

7 BY MR. ADMIRE:

8 Q On this incident, it looks like it was
9 reported that Dr. Dorin had missed a C-section and that
10 Dr. Diehl went and covered for him. Is that fair?

11 A Yes.

12 Q And then it's reported here that at this
13 point, on the second page, on Sharp Bates stamp 20, they
14 tried to call Dorin and he didn't answer his cell phone
15 and that later Dr. Diehl told Nurse Babcock that
16 Dr. Dorin was not feeling well and he was asleep. Do you
17 recall that?

18 A Yes.

19 Q Is this the first instance where it became
20 suspicious that somebody might be using some of the
21 missing Propofol?

22 A Yes.

23 Q And then, if you skip to Sharp 26, here is
24 this other incident where it was reported that Dr. Dorin
25 was seen staggering down the hall and that he apparently

Exhibit 7

(LODGED CONDITIONALLY UNDER SEAL)



Transcript of the Testimony of:

Maryann Cone

Jones

v.

Sharp Healthcare

October 23, 2017

Volume I

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1 SUPERIOR COURT OF THE STATE OF CALIFORNIA

2 COUNTY OF SAN DIEGO - CENTRAL DIVISION

3
4 -----
5 CARLA JONES, on behalf of)
6 herself and all others)
7 similarly situated,)

8 Plaintiffs,)

9 vs.)

Case No. 37-2017-
00001377-CU-NP-CTL

10 SHARP HEALTHCARE, a California)
11 Corporation; GROSSMONT)
12 HOSPITAL CORPORATION dba SHARP)
13 GROSSMONT HOSPITAL, a)
14 California Corporation and)
15 DOES 1 - 100, inclusive,)

16 Defendants.)
17 -----

18 DEPOSITION OF MARYANN CONE

19 San Diego, California

20 Monday, October 23, 2017

21
22
23 Reported by: SHELLY M. BERRY
24 CSR No. 9896
25

1 Q. Is Sharp paying her expenses for being here
2 today?

3 MS. CHOW: May call for speculation.

4 THE WITNESS: I'm not sure. I would assume.

5 BY MS. GODDARD:

6 Q. Are you paying her expenses today?

7 A. No. That I know.

8 Q. Are you currently employed?

9 A. No.

10 Q. What was your last job?

11 A. I was the chief operating officer at Sharp
12 Grossmont Hospital.

13 Q. When did you stop working as the COO at Sharp
14 Grossmont?

15 A. My last day was October 3rd, 2015.

16 Q. How long did you hold the position of COO at
17 Sharp Grossmont?

18 A. Seven years.

19 Q. Did you assume the position of COO sometime in
20 2008?

21 A. That's correct.

22 Q. And how long had you worked for Sharp before
23 that?

24 A. I was an employee of Sharp for 38 years.

25 Q. Can you give me -- I don't want to go into too

1 A. I spoke to my boss who talked to legal.

2 Q. Okay. And do you know who she spoke to?

3 A. I'm not sure.

4 Q. At the time, what was your understanding of
5 what would happen to the videos as they were taken?

6 A. Okay. How the videos were set up?

7 Q. No, I'm asking a different question. We
8 talked about in the ICU there's a feed from the cameras,
9 not a recording.

10 A. Kind of continuous.

11 Q. But here you understood from the outset that
12 there would be recordings made?

13 A. That's correct.

14 Q. And you understood from the outset that the
15 recordings would be made even when there were patients in
16 the rooms receiving treatment, correct?

17 A. That could be a possibility, correct.

18 Q. Did you ever discuss -- you say it could be a
19 possibility. Was there something you believed would
20 prohibit patients from being recorded?

21 A. No.

22 Q. Did you look before the cameras were turned on
23 to see what the actual field of vision was so you could
24 see whether or not patients would be recorded?

25 A. No.

1 A. I think that was stated at a Medical Executive
2 Committee.

3 Q. Okay. Can you -- I just want to recall the
4 time. Was that during the time that the cameras were
5 installed?

6 A. It was during the time, but it was after we
7 had identified the physician.

8 Q. Okay. Did you make any effort -- did you make
9 any effort to speak to any other anesthesiologist and
10 confirm whether they agreed with that statement, that
11 they would put Propofol in their pocket so they could use
12 it and be sure they had it available to them?

13 A. I did not go out to seek that information, but
14 I did hear that information.

15 Q. Okay. Did you participate in any internal
16 audit of the Propofol inventory?

17 A. No.

18 Q. Are you aware of any internal audit of the
19 Propofol inventory that occurred to determine the cause
20 of the missing Propofol?

21 A. You're asking two different questions there.
22 Probably unintentional.

23 Q. Okay.

24 A. Pharmacy always -- so I'm going to answer --
25 pharmacy always does inventory. And since we had a

1 shortage of Propofol, they had a very -- like an
2 inventory of where the Propofol was in the pharmacy at
3 every place it was stored throughout the hospital,
4 because it's not only used in Women's Center but used in
5 many places. So they had a pretty good feel of the
6 inventory of Propofol on campus.

7 And then the second part of the question, as
8 it related to Women's Center, Linda Hamel and her team
9 was keeping track of the different drugs, and Propofol
10 was one of them.

11 Q. But have you ever heard -- did you ever hear
12 there was an internal audit done at Sharp?

13 A. Not that I recall.

14 Q. Were any special procedures set up different
15 than what would normally have taken place as far as the
16 inventory of Propofol?

17 A. Not that I'm aware.

18 Q. Did you ever consider calling law enforcement
19 to investigate?

20 A. No.

21 Q. Why not?

22 A. Because, again, we didn't know really where
23 our theft problem was and we're fortunate that most of
24 our security department is ex-law enforcement, so they
25 have pretty good investigational skills. They're very

1 good about keeping things private. Again, this was kind
2 of a covert operation. It was very limited to a very
3 small amount of people trying to get it.

4 And, again, we never would want to accuse
5 somebody of stealing without really having good
6 information. We had no idea who it was.

7 Q. Did Sharp have any policies or procedure while
8 you were working there for how to handle a suspicion that
9 a doctor or other medical professional may be abusing
10 drugs?

11 A. I think the Medical Executive Committee has a
12 subgroup that works with physicians that might have some
13 abuse issues, substance or some other behavioral issues.

14 Q. Was there any concern from when you first
15 learned about the missing drugs and equipment that
16 someone was using the drugs, abusing the drugs
17 personally, any medical staff member or doctor?

18 A. No. I don't think we ever were concerned
19 or -- maybe not -- "concerned" is the wrong word.

20 I think we were -- we never concluded what
21 occurred with the drugs.

22 Q. Okay. They certainly couldn't have misused a
23 breathing tube, correct?

24 A. That's true.

25 Q. What was your suspicion -- what did you

1 suspect was happening with the equipment that was
2 missing?

3 A. There's -- this would just be me personally
4 speaking. There is a fair amount of physicians, surgeons
5 that have their own surgical centers that those kind of
6 pieces of equipment could be used at. I wasn't sure --
7 and many times some of the anesthesiologists work outside
8 of the hospital, different private surgical centers, so
9 they're not run by the hospital. So I don't know if
10 there was thoughts that -- my thought was maybe some
11 people are taking some of this equipment, be it OB/GYN or
12 anesthesia or surgeons, and utilizing them out in an
13 outpatient area.

14 Q. And so you didn't have any suspicion at the
15 outset of the investigation that any of the missing drugs
16 were being abused by staff members or doctors; is that
17 correct?

18 A. No.

19 Q. Is that correct?

20 A. That is correct. But I'm just going to
21 clarify that.

22 But at any point when you're missing drugs
23 like some of the drugs we were missing, you would always
24 have a heightened awareness of assuring your Pyxis -- we
25 have strong processes in place to look at nursing staff.

1 specifically.

2 BY MS. GODDARD:

3 Q. Is it true that all patients are required to
4 sign an admission agreement?

5 A. That's correct. I think it's a conditions of
6 admission agreement.

7 Q. Have you ever heard of any patient being
8 admitted who didn't sign that agreement?

9 A. Well, if the person is a full resuscitation
10 coming in from an ambulance, they would not be able to
11 sign a condition of admission agreement.

12 Q. In that case, if they had a relative or person
13 who was going to be responsible for them, would you
14 require that person to sign the admission agreement?

15 A. That's correct. And the admissions office
16 would follow up with them within the first 24 hours of
17 admission to the hospital.

18 Q. Have you ever heard of Sharp changing the
19 terms of an admission agreement at the request of a
20 patient?

21 A. Not that I have heard of, no.

22 Q. I'm going to show you a document that was
23 previously marked Exhibit 27.

24 Does it appear to be an exemplar of the
25 admission agreement we were just discussing?

1 A. That would be true.

2 Q. And Exhibit 27 is actually plaintiff Carla
3 Jones's admission agreement for May 15th, 2013.

4 Prior to installing the cameras in the
5 operating rooms at the Women's Center, did you review any
6 admission agreement form?

7 A. Specifically related to the cameras?

8 Q. Yes.

9 A. I've seen admission forms many, many times.

10 Q. No, I'm asking did you look to the form in
11 reference to Sharp's ability to put cameras in the
12 operating rooms?

13 A. Well, I kind of had already stated that. We
14 did run this up through legal, and there is a discussion
15 in here about -- I didn't look at this admission
16 agreement specifically related to the cameras. Let me go
17 back to your original question.

18 Q. You certainly didn't look at Ms. Jones's
19 admission agreement, correct?

20 A. Not hers specifically, no.

21 Q. Did you look at the form admission agreement
22 in reference to installing cameras?

23 A. No, I did not.

24 Q. During your time working for Sharp, if you
25 look at the second page of Exhibit 27, there's a space

1 BY MS. GODDARD:

2 Q. I'm just asking the question. If my client --
3 if my client went in to have a c-section and she looked
4 in the corner and saw Howard LaBore in the room, would
5 she have a right under the bill of rights to say I don't
6 want him in the room?

7 A. Absolutely.

8 MS. CHOW: Same objection as before.

9 BY MS. GODDARD:

10 Q. And then the third bullet point down says
11 "Confidential treatment" --

12 A. Could I add one thing. Sorry to interrupt
13 you. But Howard LaBore would never be inside the
14 person's room there.

15 Q. Just watching the video?

16 A. No.

17 MS. CHOW: Argumentative.

18 BY MS. GODDARD:

19 Q. If Howard LaBore watched the video, do you
20 disagree that that's similar to being in the room
21 watching the procedure?

22 A. No.

23 MS. CHOW: Calls for speculation. Incomplete
24 hypothetical. Argumentative. Calls for legal
25 conclusion.

Exhibit 8

(LODGED CONDITIONALLY UNDER SEAL)

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO - CENTRAL DIVISION

MELISSA ESCALERA, on behalf) of herself and all others) similarly situated,)) Plaintiff,)) vs.)) SHARP HEALTHCARE, a) California Corporation,) SHARP GROSSMONT HOSPITAL,) and DOES 1-100, inclusive,)) Defendants.))	Case No.: 37-2016-00017392-CU-PO-CTL
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DEPOSITION OF
HOWARD LABORE
SAN DIEGO, CALIFORNIA
FRIDAY, NOVEMBER 4, 2016

Reported by:
PATRICIA M. BECK
CSR No. 12090
No. 16-46570

1 missing here?

2 A. Again, I don't remember details. I just
3 took a quick look at it.

4 Q. Generally do you have in mind what's
5 missing?

6 A. And again, I didn't review it. I generally
7 had a quick glance of it to help look at the
8 conversation I was having with the attorney.

9 Q. Can you tell me whether anything that's been
10 redacted relates to the videos?

11 A. I am not sure.

12 Q. Do you have any information about which
13 videos Investigator George Sweet reviewed during his
14 tenure as the investigator on the case?

15 A. There's information reports which ones he
16 had prior to me, yes.

17 Q. Which report?

18 A. Document No. 4.

19 Q. Other than what's detailed in the report?

20 MS. CHOW: She's asking you other than
21 what's detailed, so looking at the report would not
22 refresh your recollection as to that.

23 THE WITNESS: I don't recall other than
24 what's in here.

25 ///

1 BY MS. MITCHELL:

2 Q. In the first paragraph of your report here,
3 last sentence, it says: "I reviewed the information
4 in this case by viewing the reported missing drug
5 cases and the videos associated with those cases
6 prepared by Investigator George Sweet."

7 Which were the videos associated that you
8 reviewed?

9 MS. CHOW: I will point out that the
10 document speaks for itself. Of course he can testify
11 as to his recollection or knowledge.

12 THE WITNESS: The videos on page 10
13 documented -- it starts at 9/14/12. Those video clips
14 were part of the ones I reviewed prior to being
15 involved that came from George Sweet's investigation.

16 BY MS. MITCHELL:

17 Q. So would it be all the videos before a
18 certain date? Is that how we can determine which ones
19 were prepared by Investigator Sweet?

20 A. Yes.

21 Q. What date would that be?

22 A. Well, end of February, beginning of
23 March 2013 when I became involved with the
24 investigation.

25 Q. Well, you're pointing me to ones in March.

1 MS. CHOW: Where are you seeing this?

2 THE WITNESS: No. I'm sorry.

3 BY MS. MITCHELL:

4 Q. Which page were you on?

5 A. Page 2, which is the page starting 000010.

6 And these video clips start on 9/14/2012 and go to
7 January 8th, 2013.

8 Q. Okay. Is there a point in this report where
9 you start having personal knowledge of the events?

10 A. Yes.

11 Q. What page in the report would that be?

12 A. It starts on page 11. It's 000011, which is
13 page 3 in my report on the bottom, when I start
14 talking to staff involving this.

15 Q. So starting with the paragraph on March 7,
16 2013?

17 A. Yes.

18 Q. Is it true that anything before that would
19 be based on your review of Mr. Sweet's investigation?

20 A. Yes.

21 Q. And you have no knowledge about how he
22 conducted that investigation other than his report?

23 A. Can you be more specific?

24 Q. Do you have any knowledge about his
25 investigation besides his report?

1 A. Well, I talked to George Sweet.

2 Q. When did you talk to him?

3 A. On or about the end of February 2013 to
4 March 2013 when he became involved.

5 Q. What did he tell you?

6 A. I don't recall specifically, but we talked
7 about what he had done prior to this, me getting
8 involved with the investigation.

9 Q. To the best of your recollection, what can
10 you recall that he told you?

11 A. Talked about the video.

12 Q. What about the videos?

13 A. What he had reviewed.

14 Q. What had he reviewed?

15 A. The video clips that are depicted on that
16 page 2 starting on 9/14/2012.

17 Q. Do you know who else reviewed those videos?

18 A. No.

19 Q. Do you know who had access to those videos?

20 A. No.

21 Q. Up until the point you took over the
22 investigation, do you have knowledge of who had access
23 to any of the videos that were taken?

24 A. No.

25 Q. Up until the point you took over the

1 investigation, do you have knowledge about who viewed
2 any of the videos?

3 A. No.

4 MS. CHOW: Aside from George, who you've
5 already testified to, right?

6 THE WITNESS: Yes, right.

7 BY MS. MITCHELL:

8 Q. Do you know who had access to Mr. Ramos's
9 computer?

10 A. No.

11 Q. Do you know who had access to Mr. Albright's
12 computer?

13 A. Mr. Albright?

14 Q. Yes.

15 A. Mr. Albright had access to his computer.

16 Q. Do you know anybody else who had access to
17 his computer?

18 A. I'm not sure.

19 Q. Do you know who had access to Mr. Ficcaci --

20 A. Ficcaci.

21 Q. -- Ficcaci's computer?

22 A. Mr. Ficcaci.

23 Q. Besides him, do you know?

24 A. And again, I'm not sure.

25 Q. Do you know who had access to Mr. Sweet's

1 people had access to it?

2 A. That's correct.

3 Q. Did you give her any instructions about
4 keeping the information protected?

5 A. She knew the information was protected.

6 Q. Did you give her any instructions?

7 A. Not that I recall.

8 Q. Did you ever give anyone instructions about
9 keeping any of the recordings confidential or
10 protected?

11 A. Yes.

12 Q. Who?

13 A. Linda Hamel.

14 Q. Anybody else?

15 A. Not that I recall.

16 Q. What did you tell Linda Hamel?

17 A. I had Linda review some of the video clips
18 to identify the doctors that were on the video because
19 I did not know the people. And she understood, based
20 on when I showed her these videos, that this is a
21 confidential investigation, and she wasn't allowed to
22 discuss or disclose what she saw on the videos.

23 Q. Which videos did you have Linda review?

24 A. On document No. 4, Sharp page 000015, the
25 top of the page talks about 17 video clips that she

1 viewed and identified Dr. Dorin on specific dates in
2 those video clips.

3 Q. Can you tell me in reference to one of these
4 thumb drives? I mean, how can I ascertain which of
5 these 17 there were?

6 A. I'm not sure I understand.

7 Q. Were these on a thumb drive? How did you
8 have her review them?

9 A. Oh, I had them on a thumb drive at that
10 time.

11 Q. Which of these thumb drives?

12 A. It was my original thumb drive. And I
13 plugged it into a laptop, or possibly a desktop. I
14 don't recall right off the top of my head, one or the
15 other, and I played it off the thumb drive and
16 reviewed it.

17 Q. You don't know if it was downloaded or not?

18 A. I know it wasn't downloaded because I did
19 not do that.

20 Q. You remember specifically?

21 A. Yes.

22 Q. Were there any patients in those videos?

23 A. No.

24 Q. Did you review -- there were no patients in
25 any of the videos that you reviewed?

1 videos that you copied for Ms. White and reviewed,
2 were you able to see the patient's face in those
3 videos?

4 A. Yes.

5 Q. Both patients?

6 A. Yes.

7 Q. Were you able to see those patients
8 undergoing medical procedures?

9 A. No.

10 Q. But it was the recording taken in the Sharp
11 operating room?

12 A. Yes, and I can clarify for you if you'd
13 like.

14 Q. Please. What did you see?

15 A. The camera was in the monitor of the screen
16 which was attached to an anesthesia cart. So when a
17 person sat at the computer, logged on, they would be
18 looking at that screen. Kind of similar to an
19 embedded camera into the screen itself.

20 Wherever the screen was pointed, that's the
21 direction of view you got. Because it was on this
22 mobile anesthesia cart where the computer was
23 attached, I didn't control where it was rotated --

24 Q. I'm asking what you saw on these two videos.

25 A. I apologize. I'm getting to that. I'm

1 in Support of Motion to Quash and/or for Protective
2 Order. And my question, after you've had a chance to
3 look at it, is whether you've seen it before.

4 (Exhibit 7 was marked for identification by
5 the court reporter.)

6 THE WITNESS: I've not seen this document.

7 BY MS. MITCHELL:

8 Q. On page 2, paragraph 3, lines 6 through 7,
9 it says: "Some of the video clips depict patients in
10 their most vulnerable state, under anesthesia, exposed
11 an undergoing medical procedures."

12 Do you have any information about where
13 Mr. Lewis got that information from?

14 A. No.

15 Q. He didn't get it from you?

16 A. Not directly. He may have gotten from my
17 reports, but I didn't directly tell him that. I don't
18 recall.

19 Q. On page 3, paragraph 6, lines 8 through 9,
20 say: "None of the other 6,966 video clips provide any
21 exculpatory evidence for Dr. Dorin."

22 Do you have any knowledge about where
23 Mr. Lewis got that information?

24 A. Again, no.

25 Q. Page 4, paragraph 13, lines 25 through 26:

1 "The 6,966 video clips all capture scenes within three
2 operating rooms, which are not open to the public."

3 To your knowledge, is that true?

4 A. Yes.

5 MS. CHOW: Oh, I was going to ask which
6 portion? The fact that it's not open to the public
7 specifically, the number of clips there are, which
8 portion of that?

9 MS. MITCHELL: The whole thing, and he
10 answered yes. That's true, to his knowledge.

11 BY MS. MITCHELL:

12 Q. Lines 26 through 27 on page 4 say: "There
13 are images contained within the multitude of images of
14 women undergoing operations of a very personal,
15 private nature, unconscious and in states of exposure
16 depending on the operation performed."

17 That's through page 5, line 1. Do you have
18 any information about where Mr. Lewis got that
19 information from?

20 A. Again, I don't have any personal knowledge.
21 I believe it came from my investigation, but I can't
22 swear to it.

23 Q. Do you have any information about where
24 Mr. Lewis got that knowledge from?

25 A. Again, I believe it's from the investigation

1 in my written reports, but I can't recall exactly
2 where this information came from. I don't recall if I
3 told him or I read it in the report. I don't recall.

4 MS. CHOW: Also I think it's --

5 MS. MITCHELL: You have an objection?

6 MS. CHOW: I'm just saying the form of the
7 question is somewhat problematic, seeing as to how
8 you're referring to a statement that isn't factual but
9 subjective observances, and --

10 MS. MITCHELL: Do you have an objection?

11 MS. CHOW: I'm just saying that it's vague.
12 May call for speculation from him.

13 BY MS. MITCHELL:

14 Q. Back to the files that are in the safe. We
15 have the five thumb drives and the portable hard
16 drive. Are there any other pieces of hardware in that
17 safe containing copies of recordings?

18 A. No.

19 Q. Do you know how the files were downloaded
20 onto the portable hard drive at the end of the
21 investigation in September, October 2013?

22 A. No.

23 Can I raise a clarifying question? One of
24 these documents that's in the confidential list may be
25 the information that Mr. Lewis reviewed to write this

1 affidavit. It's not in this portion, but it may be
2 under this confidential list.

3 MS. CHOW: Do you know that for sure?

4 BY MS. MITCHELL:

5 Q. My question was: Do you have any personal
6 knowledge about where Mr. Lewis got his information
7 from?

8 A. And, again, I don't have personal knowledge.

9 Q. So personal knowledge would be things that
10 you told him in writing or orally.

11 A. Well, again --

12 Q. Or observed.

13 A. And, again --

14 MS. CHOW: I think we're running into the
15 same vagueness issue. You're talking about subjective
16 assessments. He's talking about facts that are
17 documented in, you know, reports, and there's a
18 disconnect there.

19 BY MS. MITCHELL:

20 Q. Are you trying to tell me, Mr. LaBore, that
21 there is a document on this privilege log, Exhibit 3,
22 that you believe contains information that Mr. Lewis
23 relied on in drafting his declaration? Is that what
24 you're saying?

25 A. I don't know exactly, but I did prepare a

1 report that is probably on this list. I don't know
2 exactly, but it's not in this No. 4. And I don't have
3 personal knowledge, but I know that he got a report
4 that's probably on this list that he could have used
5 for this document.

6 Q. Okay. Well, let me ask it another way then.
7 Going back to Exhibit 7, page 4, paragraph 13, lines
8 26 through 27, page 5, line 1, do you believe that to
9 be true?

10 A. "There are images contained within the
11 multitude of images of women undergoing operations of
12 a very personal, private nature, unconscious and in
13 states of exposure depending on the operation being
14 performed."

15 MS. CHOW: Calls for speculation on his
16 part.

17 THE WITNESS: Based on what?

18 BY MS. MITCHELL:

19 Q. Do you believe that to be true?

20 A. I'm confused. Because what am I basing it
21 on that I believe it's true?

22 MS. CHOW: Is it a fact, or is it the
23 assessment that they're in vulnerable states? I mean,
24 what part of it are you asking about? I think he's
25 trying to seek clarification.

1 BY MS. MITCHELL:

2 Q. Do you believe it to be true?

3 MS. CHOW: Which portion is what he's
4 seeking clarification on?

5 THE WITNESS: Can you be more specific?

6 BY MS. MITCHELL:

7 Q. I'm asking you about a specific sentence.
8 You're telling me you may or may not have provided
9 information that's been withheld on privilege grounds
10 to Mr. Lewis to state that. That's not in any of the
11 documents that you've provided to me. So I'm asking
12 you just if whether you believe that statement to be
13 true. Or you have no belief about it, that's fine
14 too.

15 A. I guess the only word in the sentence that
16 confuses me is the word "unconscious." Do I believe
17 that video could contain personal, private natures
18 that shared an exposure, yes, but I don't know if I
19 can tell by a video if someone is unconscious or put
20 under sedation. I'm not comfortable with that word,
21 is I guess what I'm looking at.

22 Q. That's fair. And then taking a look at
23 page 3, paragraph 6, lines 8 through 9: "None of the
24 other 6,966 video clips provide any exculpatory
25 evidence for Dr. Dorin."

1 Do you believe that statement to be true?

2 A. I believe it's true, yes.

3 Q. And then page 2, paragraph 3, line 6 through
4 8: "Some of the video clips depict patients in their
5 most vulnerable state, under anesthesia, exposed and
6 undergoing medical procedures."

7 Do you believe that to be true?

8 MS. CHOW: I think we're running into the
9 same issue as with page 4 and 5.

10 MS. MITCHELL: What's the objection?

11 MS. CHOW: To the extent -- it's vague. It
12 calls for speculation.

13 THE WITNESS: I agree with the "vulnerable
14 state, under anesthesia, exposed." When you're
15 talking about undergoing medical procedures, I
16 couldn't see that during my review of the clips. So I
17 can't say that I saw it, but was it going on,
18 probably.

19 BY MS. MITCHELL:

20 Q. You believe that to be true?

21 A. I believe that's true.

22 Q. How many video clips total were taken?

23 A. I don't know the exact number.

24 Q. Do you have an estimate?

25 A. No, I don't.

1 A. Again, what time frame?

2 Q. After you took over the investigation, which
3 you testified was in or around February 2013, through
4 the date that recording stopped, June 2013.

5 A. I don't know the exact number. It was after
6 the first MEC that this disruption happened. It went
7 on until the cameras were turned off. So some videos
8 were being recorded, and sometimes tape was placed
9 over the cameras, and sometimes the monitors were
10 turned to face the wall.

11 It was numerous times in that time frame
12 after April 4th. I don't know the exact number, but
13 it was going on after that time frame. I just want to
14 put it in that context.

15 Q. And you know this because you were reviewing
16 the recordings?

17 A. Yes.

18 Q. When did you start reviewing the recordings?

19 A. Which time?

20 Q. When did you start reviewing recordings?

21 MS. CHOW: Can I ask you to clarify? When
22 you say "reviewing the recordings" and "when," are you
23 referring to the date of the recording, or are you
24 referring to the date on which he was actually
25 reviewing?

1 BY MS. MITCHELL:

2 Q. I'll start again. Did you review any
3 recordings prior to the time you took over the
4 investigation?

5 A. No.

6 Q. So when was the first time that you reviewed
7 a recording of one of the operating rooms at Sharp?

8 A. On or about the beginning of my
9 investigation in March 2012.

10 Q. Okay. Now, you've already testified to
11 having reviewed recordings that are in your report?

12 A. Yes.

13 Q. So now I'm asking you questions about
14 recordings that you were reviewing with respect to
15 tape being put over the monitors. Okay?

16 A. Okay.

17 Q. So you told me that this first started after
18 the first MEC meeting after April 4th, 2013, right?

19 A. Yes.

20 Q. So were you reviewing the recordings pretty
21 much in realtime?

22 A. These recordings we're talking about were
23 reviewed after they had been removed and put on the
24 portable hard drive. It's when I had the portable
25 hard drive in my possession. I was given direction to

1 review those videos, and during that time is when I
2 discovered the tape or the monitors being moved in
3 that time frame after April 4, 2013.

4 Q. Who directed you to do the review of the
5 portable hard drive?

6 A. Ky Lewis.

7 Q. What was the scope of your review?

8 A. What do you mean by "scope"?

9 Q. Did you review everything on the portable
10 hard drive?

11 A. Some of these -- it's a yes-and-no answer
12 with an explanation. Some of these clips were very
13 small clips, one or two minutes. This was a motion
14 sensor camera. So someone could walk by the room,
15 activate the motion sensor, and nothing is in the
16 operating room. I just quickly fast-forward through
17 those clips.

18 The ones that actually showed patients and
19 issues, I took a little more time to take a look.
20 Because of my instructions that were given to me by Ky
21 Lewis, looked at -- not from one to the end of the
22 whole thing, but skimmed through it looking for
23 specific things.

24 Q. What were you looking for?

25 A. Possible HIPAA issues.

1 Q. What were the possible HIPAA issues were you
2 looking for?

3 A. Can you see a patient's face. Can you see
4 any body parts of the patient. If so, what were those
5 body parts. How long were they exposed. That type of
6 stuff I was looking for.

7 Q. What did you see?

8 A. Well, I could see the patient's faces when
9 they came in and when they left. On some of the
10 videos I could see the backside, buttocks area as
11 they're getting onto the table briefly. I could see
12 the backside sometimes on a video where the anesthesia
13 may be given an injection into the back. I could see
14 the left arm with the IV.

15 Again, when they actually started the
16 procedure, a tent was raised so I couldn't see
17 anything beyond that point. I saw babies after the
18 birth. I saw visitors that were present that came in
19 with the patient to be with them. I saw other medical
20 staff, medical personnel in the operating room during
21 those times.

22 Q. And your findings you reported to Ky Lewis
23 in one of these documents on the privilege log?

24 A. Yes.

25 Q. Did you report your findings to anyone else?

1 A. Not that I recall.

2 Q. Was your review intended to be a review of
3 all of the videos that still existed that were in
4 Sharp's possession?

5 A. Yes.

6 Q. And that review happened after April 4,
7 2013?

8 A. Yes.

9 Q. But you can't give me a better date as to
10 when that was?

11 A. I don't -- I prepared a report. I don't
12 have the report here so I can't give you an exact
13 date. If the videos were shut down in May, it was
14 probably sometime after that because I did it off the
15 portable hard drive.

16 Q. Did anybody else assist in that review?

17 A. No.

18 Q. How long did it take you to do that review?

19 A. Long time.

20 Q. Can you give me an estimate? Number of
21 weeks, number of hours?

22 A. Again, I prepared a report that has the most
23 factual information on it. Three weeks would be a
24 guesstimate, but had I had that report, I would be
25 able to tell you the exact time.

1 today?

2 A. And, again, I don't want to be wrong so I
3 don't want to guess. I'm sorry.

4 Q. It's okay. I'm entitled to press you about
5 what you can remember and whatnot.

6 A. I understand.

7 Q. I write things down so I don't have to
8 remember them.

9 A. I understand. I just honestly don't
10 remember the number of times so I can't give you that
11 number.

12 Q. As you sit here today, you can't estimate
13 for me how many times you observed the camera facing
14 the wall?

15 A. Correct, I cannot.

16 Q. Do you have any knowledge of how the
17 recordings got from this off-site location onto the
18 portable hard drive that you reviewed?

19 A. No.

20 Q. You don't know who was involved in that
21 process?

22 A. Yes, I do.

23 Q. You do. Who was involved?

24 A. Raul Ramos.

25 Q. How do you know that he was involved in

1 Q. We talked about three of those weeks, your
2 best estimate being reviewing the recordings. Yes?

3 A. Yes.

4 Q. And we have your report. You interviewed
5 witnesses, right?

6 A. Yes.

7 Q. What else were you doing those nine months?

8 A. I'm not sure I understand the question.

9 Q. I just want to understand what your
10 responsibilities were in a little bit more detail.
11 You told me that you were solely doing the
12 investigation, and that includes reviewing video and
13 interviewing witnesses and preparing reports.

14 What else would it include?

15 A. I'm not sure I understand. It was working
16 on this investigation.

17 Q. What are the types of things that you did?

18 A. I don't recall specific things I can answer
19 right this second other than preparing reports,
20 interviewing people, reviewing video clips. I have no
21 specific thing I can remember right off the top of my
22 head.

23 Q. Or generally?

24 A. Well, I do know I had to prepare to go to
25 the MEC, and those are after-hours meetings. So

Exhibit 9

(LODGED CONDITIONALLY UNDER SEAL)



Transcript of the Testimony of:

Raymond Albright

Jones

v.

Sharp Healthcare

September 21, 2017

Volume I

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SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN DIEGO - CENTRAL DIVISION

CARLA JONES, on behalf of
themselves and all others
similarly situated,

Plaintiffs,

-vs-

SHARP HEALTHCARE, a California
Corporation; GROSSMONT HOSPITAL
CORPORATION dba SHARP GROSSMONT
HOSPITAL, a California Corporation
and DOES 1-100, inclusive,

Defendants.

)
)
)
)
) Case No.
) 37-2017-
) 00001377-
) CU-NP-CTL

DEPOSITION OF RAYMOND ALBRIGHT

THURSDAY, SEPTEMBER 21, 2017

9:09 A.M.

501 WEST BROADWAY, SUITE 1000

SAN DIEGO, CALIFORNIA

REPORTED BY:

DEBERA ANNE DORAN

CSR NO. 7821

1 date a meeting occurred, if you recall it happened in a
2 particular year or a particular time of that year or even
3 a particular month, I'm entitled to the best recollection
4 you have. Do you understand that?

5 A I do.

6 Q Did you meet with Ms. Chow to prepare for
7 your deposition?

8 A I did.

9 Q About how long was that meeting?

10 A Three hours, I believe.

11 Q And when did that meeting occur?

12 A This Monday.

13 Q Did you review any documents to refresh your
14 recollection and prepare for your deposition?

15 A I did not.

16 Q Going back to your time working for Sharp,
17 what was the last position you held at Sharp?

18 A Security director for the company.

19 Q Will you please describe for me what your
20 responsibilities were as the security director for Sharp?

21 A I was responsible for the physical security
22 of the various facilities that Sharp had.

23 Q Does that range across all of the Sharp
24 facilities?

25 A It does.

1 Q When you say "physical security," I want to
2 get a sense of what's under that umbrella as opposed to
3 any other type of security.

4 A Well, physical security, by its nature,
5 describes the physical security of the buildings. Our
6 mission statement was to provide -- to ensure a safe and
7 secure environment for all the patients, visitors, and
8 staff.

9 Q Did you have any role at Sharp at any time
10 regarding drug testing of physicians?

11 A I did not.

12 (Mr. Admire enters the room at 9:16 a.m.)

13 BY MS. GODDARD:

14 Q Do you know if that ever occurred, that
15 physicians would be subject to drug testing?

16 A I don't know.

17 Q How long were you the security director for
18 Sharp?

19 A From January of 1993 until I retired in
20 February of 2015. I need to clarify that question.

21 Q Sure.

22 A Due to the -- I was responsible for all the
23 security, but that role grew from the time I was first
24 hired, and the name of my position actually changed about
25 three times.

1 Q Okay.

2 A But it was the same role.

3 Q So over the course of the 22 years that you
4 worked there, things changed. Right?

5 A Yes, ma'am.

6 Q Okay. Was that wrong?

7 MS. CHOW: Possibly, I think that misstates
8 testimony. He said his role stayed the same, his title
9 changed.

10 THE WITNESS: Yes.

11 MS. GODDARD: No, I understand but he also
12 said that his role grew from the time he was first hired,
13 and the name of the position changed about three times.

14 BY MS. GODDARD:

15 Q So there were changes in your job during the
16 course of those years. Correct?

17 A Not changes in the job, just changes in the
18 scope of the job, the size of the job, I guess, would be
19 better.

20 Q Okay. How many people did you supervise at
21 the time that you retired?

22 A I would have to estimate about 150.

23 Q What positions did the people you supervised
24 hold?

25 MS. CHOW: What time frame?

1 Q I'm talking about the actual decision to do
2 that. Who was involved in that decision to place cameras
3 in the operating rooms?

4 A That was Women's Center. That was Michelle
5 Tarbet. She directed me to do it. And eventually, our
6 Information Systems people found a solution.

7 Q Did you have any email -- any communications
8 with Ms. Tarbet over email regarding this missing drugs
9 issue?

10 A I don't recall.

11 Q Do you know -- did you ever delete any
12 emails related to the Grossmont Women's Center
13 investigation?

14 A No.

15 Q Do you believe that that would still be at
16 Sharp if Sharp maintained your emails after you retired?

17 A I believe they would be there forever.

18 MS. CHOW: Calls for speculation.

19 BY MS. GODDARD:

20 Q That's what I tell my teenager.

21 And you said Ms. Tarbet and people in the
22 Women's Center directed you to install the cameras.
23 Correct?

24 A Well, Ms. Tarbet directed me to.

25 Q Okay.

1 A No.

2 Q At any subsequent time?

3 A I don't recall.

4 Q Did you inform Ms. Tarbet -- well, at the
5 time you met with Ms. Tarbet, did you have an
6 understanding of what type of camera you would use in the
7 operating room and where it would be placed?

8 A At the time?

9 Q Yes.

10 A Not initially, no.

11 Q So when you first talked to her, did you
12 ever have any subsequent conversations with Ms. Tarbet
13 about --

14 A Absolutely.

15 Q How many?

16 A I don't know.

17 Q What were those other conversations? What
18 were your subsequent conversations about?

19 A Well, they were updates during the
20 investigation, what was going on, certainly what we were
21 doing in the way of technology, how it was happening, how
22 it was set up.

23 Q Did you update Ms. Tarbet regularly about
24 the investigation?

25 A Yes.

1 respond when you had that discussion?

2 A I don't recall.

3 Q Who were the Women's Center's employees you
4 were speaking with?

5 A Well, the main person was Lily. And I don't
6 know. I don't recall the names of any managers. And I'm
7 not sure that I brought that up with Lily. I know I did
8 bring it up with either her or Michelle, but I don't
9 recall which one.

10 Q Okay. When you asked Ms. Tarbet what's her
11 goal of the investigation -- deterrence, catching
12 someone -- how did she respond?

13 A I didn't ask her that question. I was
14 directed what to do. And obviously she wanted to
15 catch -- in my opinion, she wanted to catch the person.

16 Q Did you explore any options for deterring
17 the thefts with Ms. Talbet?

18 A I don't recall.

19 Q Tarbet, sorry.

20 A I assume I did, but I don't recall.

21 Q At some point, is it your understanding
22 that, of the options that you laid out as far as what the
23 goals of the investigation would be, that Sharp's main
24 focus was catching someone -- the person who had stolen
25 the drugs?

1 Q After the cameras started to record videos,
2 did you review any of the videos that were taken in the
3 operating rooms?

4 A You'll have to narrow that down. The answer
5 would be yes, but under only certain circumstances.

6 Q So I'm going to start with the big question,
7 and then I'm going to ask you about those circumstances.
8 Does that make sense?

9 A Okay, sure.

10 Q So you did review the video that was taken
11 in the operating rooms. Correct?

12 A The video footage, yes.

13 Q Did anyone from the security department
14 review the videos?

15 A Yes.

16 Q Who?

17 A That would be Howard or George after it was
18 sent to me.

19 Q Okay. What were the circumstances under
20 which you would review a video that was taken in the
21 operating room?

22 A I would get a report or a call usually -- I
23 think it was a phone call -- that drugs were missing
24 during a certain period of time. I would then call
25 whoever it was in IS and say, I need the video from ten

1 investigation.

2 A I have no memory of ever seeing a patient
3 during the course of this investigation.

4 Q Okay. Did anyone ever express to you any
5 concern that patient images were being captured on the
6 videos?

7 A No.

8 Q Is it your understanding that Mr. LaBore at
9 some point went back and viewed all the videos?

10 A After the investigation was over?

11 Q At any time.

12 A Yes.

13 Q Do you know why he did that?

14 A He was directed to by our attorney.

15 MS. CHOW: Don't discuss -- do not discuss
16 anything that you're aware of between your department and
17 an attorney at Sharp.

18 THE WITNESS: Okay.

19 BY MS. GODDARD:

20 Q Did you direct him to do that, to view all
21 the videos?

22 A No.

23 Q Did you discuss at any time with Mr. LaBore
24 what he had seen on the videos based on that review?

25 A Yes.

1 Q Was an attorney present during that
2 discussion?

3 A I don't recall.

4 Q Where were you when you discussed it?

5 A I don't recall. We were on the same kind of
6 area. We were -- we have a security department, and I
7 don't know if it was in there or if it was in the
8 attorney's area. I'm not sure.

9 Q Okay. Was it a meeting with Mr. LaBore?

10 A I would be reluctant because I'm not sure of
11 who was there. Because if an attorney was there, I would
12 think it would --

13 Q Did you ever become aware that the videos,
14 some of the videos, did show patient images?

15 A Yes.

16 Q When did you first become aware of that?

17 A After the investigation concluded.

18 Q When you started the investigation, did you
19 do anything to view, let's say, like a test video to
20 determine what the field of vision of the camera would
21 be?

22 A No.

23 Q Did you do anything at the start of the
24 investigation to determine whether or not it would be
25 likely that a patient would be captured on the video?

1 time when we do this type of investigation.

2 The other concern was to be sure that we
3 only looked at video we needed to look at and nobody else
4 looked at it. And I wasn't even concerned about the
5 video that we didn't see because I never saw it. And
6 there was no mechanism for anybody else to view it.

7 Q So my question is a little different. I
8 want to make sure I have an understanding of your
9 expectation.

10 Did you have an expectation at the outset
11 that, by placing a hidden camera in the operating room,
12 there was a significant likelihood that patients would be
13 captured by that camera?

14 A I didn't have that expectation. I knew that
15 probably in the back of my mind that that's a
16 possibility. But my main focus was how could we get
17 something -- all I wanted to look at was the narcotics.
18 I didn't want to look at anything else. I didn't want to
19 look at the doorway. Just wanted to see what was going
20 on during the time somebody said somebody's taking
21 narcotics. Very, very difficult to -- very challenging,
22 you know, direction that I had, so...

23 Q So when you discussed patient privacy with
24 Ms. Tarbet, what were you discussing as far as -- what
25 privacy were you concerned about?

1 A The patient privacy. Not the privacy of the
2 patient. I never used -- would put any type of
3 surveillance in a patient care area in that context.
4 We're going into a patient care area here. What are the
5 issues with her. So that's what I discussed with her,
6 what are the issues. And she told me there are no
7 issues. Because people sign a waiver when they go in
8 there. And so that was -- that was my discussion with
9 her.

10 Q Okay. So you did review some of the video.
11 From your review of the video, was the camera placed in a
12 location where you could see activity at the drug cart?

13 A Yes.

14 Q In every video?

15 A No.

16 Q Approximately how many videos?

17 A I don't know.

18 Q Did you have any concerns that you had
19 placed a video camera in this operating room that had
20 been turned at an angle where you couldn't even see the
21 drug cart?

22 A Sure.

23 Q Did you do anything to address those
24 concerns?

25 A Nothing I could do.

1 believe they did.

2 Q What is that belief based on?

3 A Just my memory.

4 Q Okay. And then let's talk about the -- you
5 had a request to delete files to make more room on the
6 computer. Is that my understanding?

7 A I did once, yes.

8 Q Did you approve the deletion of files?

9 A No.

10 Q Do you have an understanding that there were
11 files deleted to make room on the computer?

12 A No, I don't.

13 Q Would you have approved that to have
14 occurred?

15 A No.

16 Q Is there a reason -- was it important to the
17 integrity of the investigation that you retained a copy
18 of all videos that were taken?

19 A I think that just would be standard
20 practice, to keep everything that you can keep, not pick
21 a direct effort to remove anything. Just -- that's just
22 good practice.

23 Q And are you aware that at some point in time
24 Sharp reported Dr. Dorin to the medical board?

25 A Oh, yes.

1 Q So that decision was made by someone else?

2 A It was.

3 Q Did you participate amassing any evidence
4 for the medical board proceeding?

5 MS. CHOW: May call for speculation.

6 But go ahead.

7 THE WITNESS: I believe that my
8 investigator, in consultation with attorneys, did that.

9 BY MS. GODDARD:

10 Q But I'm asking did you personally
11 participate in gathering evidence for the medical board
12 investigation?

13 A No, I didn't.

14 Q Do you have any record of when you would
15 meet with Ms. Tarbet to update her about the
16 investigation?

17 A I don't.

18 Q Did you put it in your calendar?

19 A Probably not. It was probably a phone call.
20 Those aren't calendar items. Those are "please come
21 over."

22 Q When you came to the conclusion initially
23 that Dr. Dorin was the person stealing the drugs, did you
24 have -- did you talk to Ms. Tarbet about that?

25 A Yes.

1 Q And did you call her to let her know? Or
2 was it just part of a regular update?

3 A I don't -- I don't -- I don't know.

4 Q And tell me about that conversation where
5 you conveyed that -- your concern that Dr. Dorin --

6 A Well, I believe that I was -- I believe that
7 I had -- the procedure would be this: Most of the time I
8 couldn't identify the doctor. It was hard for us to
9 identify the doctor. I didn't know the doctor. I had
10 never seen the doctor. And we would have the video
11 reviewed, that particular clip, by those who would know.
12 And whether Michelle was in some of those reviews or not,
13 when I took over -- started this investigation, they had
14 already made up their mind it was Dr. Dorin, and I
15 didn't. So I don't know at what point that was confirmed
16 to them, whether they already confirmed it in their minds
17 or if it was after the first video. When it was, I don't
18 recall.

19 Q So I want to make sure I understand. Did
20 you feel that, in Ms. Tarbet's mind, she had concluded it
21 was Dr. Dorin before the investigation started?

22 MS. CHOW: Calls for speculation.

23 THE WITNESS: I don't know.

24 BY MS. GODDARD:

25 Q At some point did she tell you at any point

1 February 1st and June 25 of 2013. Do you see that?

2 A I do.

3 Q Do you have any knowledge as to why those
4 clips were retained by Sharp but not the others?

5 A I don't --

6 MS. CHOW: Calls for speculation.

7 THE WITNESS: I don't know.

8 BY MS. GODDARD:

9 Q And then further down there is a statement:
10 None of the other 6,966 video clips provide any
11 exculpatory evidence for Dr. Dorin.

12 Do you see that?

13 A I do.

14 Q Do you have any reason to disagree with that
15 statement?

16 MS. CHOW: Calls for speculation.

17 THE WITNESS: I don't.

18 BY MS. GODDARD:

19 Q Do you have any knowledge as to how
20 Mr. Lewis would know what any of those video clips
21 showed?

22 MS. CHOW: Same objections.

23 THE WITNESS: I do not.

24 BY MS. GODDARD:

25 Q Looking at page 4, paragraph 12 -- and feel

1 Q Why? Why not?

2 A It wouldn't be my role. At that point
3 doctors are independent contractors. My legal authority
4 or my limited role is in the hospital. For me to go
5 outside the hospital, they would have to have -- I
6 believe they would have had to have somebody else do
7 that, a police department.

8 Q Did you talk to anybody about trying to
9 accomplish that, trying to interview the doctors, to get
10 information that could lead to catching who was taking
11 the drugs?

12 A During the investigation?

13 Q Yes.

14 A No.

15 Q Why not?

16 A Didn't need to. We had a procedure in place
17 where we were doing it. Early in the investigation, the
18 only one that we were seeing during the time frame was
19 Dr. Dorin.

20 Q So I just want to make sure I understand
21 this. To your knowledge, Sharp knew it had drugs missing
22 from a cart in the operating -- from the carts in the
23 operating rooms. Correct?

24 A Yes.

25 Q And it didn't -- to your knowledge, it

1 didn't make any effort to actually ask the doctors who
2 were working in the operating rooms at that time if they
3 had any knowledge or information about missing drugs?

4 A I don't --

5 MS. CHOW: Calls for speculation.

6 THE WITNESS: I don't know.

7 BY MS. GODDARD:

8 Q You have no knowledge of that. Correct?

9 A I have no knowledge of it.

10 Q But you at the time were leading -- were in
11 charge of security at Sharp. Correct?

12 A I was.

13 Q So instead of talking to the doctors or --
14 withdraw that.

15 So Sharp didn't talk to the doctors as far
16 as you know. But, instead, they installed hidden cameras
17 in the operating rooms. Correct?

18 A Yes.

19 Q Okay. In your experience as an
20 investigator -- well, I'll withdraw that.

21 Well, in your experience as an investigator,
22 is it important to talk to witnesses to try and establish
23 what happened that you're investigating?

24 A To witnesses?

25 Q Yes.

1 Q So why didn't you interview any of the
2 doctors who worked in the operating rooms as part of the
3 investigation?

4 A Because this was a covert investigation. We
5 were trying to get who took -- that was my direction --
6 catch the person who is taking the drugs. If I would go
7 out and kept the conversation -- or the investigation
8 very close to the vest, because if you put it out there,
9 you're not going to catch whoever is doing it.

10 Q But certainly, if you talk to the doctors,
11 it could help deter it from happening in the future.
12 Correct?

13 MS. CHOW: Calls for speculation.
14 Incomplete hypothetical.

15 THE WITNESS: I would think it would.

16 BY MS. GODDARD:

17 Q I believe you said that you confronted
18 Dr. Dorin in early spring. Mr. Lewis's deposition, which
19 is Exhibit 7, states in paragraph 6 that the cameras
20 captured images until June 25th of 2013.

21 A Where is it?

22 Q It's on page 3, paragraph 6.

23 A Okay.

24 Q So do you recall whether there was a gap in
25 time of -- at all between when Dr. Dorin was confronted

1 and when the video stopped being recorded?

2 A I don't recall.

3 Q Would it concern you that video was still
4 being taken in the operating rooms for some period of
5 time --

6 A No.

7 Q -- after Dr. Dorin had been confronted?

8 A No.

9 Q Why not?

10 A I didn't have access. I don't know exactly
11 when they turned it off or if they turned it off. So,
12 no, it wasn't a concern.

13 Q Once the investigation had identified
14 Dr. Dorin as the person taking drugs, what was the
15 purpose for any further recording through the cameras in
16 the operating rooms?

17 A None to me.

18 MS. CHOW: Calls for speculation. And I was
19 going to say potentially attorney/client privileged
20 information.

21 BY MS. GODDARD:

22 Q I'm going to show you what's been marked as
23 Exhibit 4. Do you recognize Exhibit 4? For the
24 record, it's marked Sharp 9 through 35.

25 A This one here?

1 there had to be a documentation of where the drugs went.

2 There was no documentation.

3 BY MS. GODDARD:

4 Q So in your mind, you couldn't interview or
5 confront Dr. Dorin until you had some other evidence
6 besides the video of what drug was missing?

7 A That's correct.

8 Q Did you have any information as to what
9 drugs were missing on or around September 14, 2012?

10 A I don't recall.

11 Q So in other words, the videos alone, in your
12 mind, couldn't be used to prove that Dr. Dorin had taken
13 the drugs?

14 A Correct.

15 Q Did you ever consider contacting the police
16 to report the theft?

17 A I believe they did early on. The Women's
18 Center independently.

19 Q Were you involved at all with any police
20 investigation?

21 A I was not.

22 Q Do you know if the police declined to pursue
23 any investigation?

24 A They did not.

25 Q Did they -- do you know how the police

1 they were on the job?

2 A In the scope of the investigation, yes.

3 Q Yes.

4 A Anything that was missing was a concern.

5 Q Okay.

6 A I can't specifically say Zofran or whatever
7 these other ones listed. I just can't recall those. But
8 anything that was missing would be a concern and an
9 investigation as far as patient safety would go, in my
10 mind.

11 Q Pepcid was missing. Have you ever taken
12 Pepcid?

13 A I don't know.

14 Q It's an anti-acid.

15 A Like Tums?

16 Q Yes. Would that cause you concern for
17 patient safety if that was missing?

18 MS. CHOW: Incomplete hypothetical. Calls
19 for speculation.

20 THE WITNESS: If I knew what it was,
21 probably not.

22 BY MS. GODDARD:

23 Q Okay. Did you take any steps during the
24 investigation to find out more about the particular drugs
25 that were missing and how they could impair a person's

1 ability to do their job?

2 A Did I?

3 Q Yes.

4 A No.

5 Q Did you take any steps to determine whether
6 or not you could test for the presence of any of the
7 missing drugs in someone's blood?

8 A I believe -- I didn't, no. But I think an
9 investigator probably did.

10 Q Can you say for sure you know either way?

11 A I can't say for sure I know either way.

12 Q Okay.

13 A There is, in my mind, a memory of some of
14 that, but I can't say for sure.

15 Q Okay. So if I am reviewing Mr. LaBore's
16 notes -- well, withdraw that.

17 Looking at page four, which is numbered
18 Sharp 12 --

19 A Okay.

20 Q -- towards the lower part of the page,
21 there's a paragraph that starts "per regulations." Do
22 you see that?

23 A I do.

24 Q The second-to-last sentence in that
25 paragraph is: There are no narcotics (controlled

1 substances) stored in these drug carts.

2 Do you see that?

3 A I do.

4 Q Were you aware of that at the time you
5 started the investigation?

6 A No.

7 Q Did you become aware of that during the
8 course of the investigation?

9 A I don't recall.

10 Q Had you been aware of that at the outset of
11 the investigation, would you have had any different
12 concerns about patient privacy?

13 MS. CHOW: I'm sorry, can you repeat the
14 question?

15 MS. GODDARD: Yeah.

16 BY MS. GODDARD:

17 Q Had you been aware that the drug carts in
18 the operating rooms did not contain narcotics or
19 controlled substances at the outset of the investigation,
20 would you have had any different concerns for patient
21 privacy?

22 MS. CHOW: Calls for speculation.
23 Incomplete hypothetical.

24 THE WITNESS: You have to say it again,
25 sorry, so I completely understand your question.

1 and Babcock say the losses go back a few years.

2 Do you see that?

3 A M-hm, I do.

4 Q Did you meet with Ms. Hamel and Ms. Babcock?

5 A I might have.

6 Q Do you have any recollection that you
7 questioned them on why they had just come forward now if
8 the drugs had been missing for a few years?

9 A I don't recall. But if I did, this is not
10 unusual in an investigation to get a broad idea of "they
11 think" but they don't know. That's been going on
12 forever. I've heard those statements so many times I'm
13 trying to focus on what the here and now is. I can't
14 deal with the past.

15 Q Did you talk with anyone about why all of a
16 sudden there is a patient safety concern now when the
17 drugs had been missing for several years?

18 A I don't recall that specific with these
19 folks at all, no.

20 Q I'm going to show you what has previously
21 been marked as Exhibit 17.

22 A I need to make a head call, too.

23 MS. GODDARD: Sure, let's go off the record.

24 (Off the record at 11:58 a.m.)

25 (Recess)

1 (On the record at 12:18 p.m.)

2 BY MS. GODDARD:

3 Q Do you know when Mr. LaBore did his review
4 of all the videos?

5 A I do know it was after we ceased the
6 investigation. He did it by direction.

7 Q Okay.

8 MS. CHOW: Of Mr. Lewis?

9 THE WITNESS: Yes.

10 BY MS. GODDARD:

11 Q Do you recall an article or a news report
12 coming out about the recording in the operating rooms?

13 A I don't.

14 Q I had handed you Exhibit 17. It's numbered
15 Sharp 81. Have you seen this Synopsis of the Missing
16 Drug Case before?

17 A I don't recall seeing it.

18 Q Do you have any idea who drafted Exhibit 17?

19 A I don't.

20 Q As I look at Exhibit 17, do you have any
21 reason to question the accuracy of the dates listed in
22 what was identified in the videos?

23 A No, I don't.

24 Q Looking at the last video of Dr. Dorin
25 listed as March 27, 2013, do you see that?

1 the drugs and putting our people at risk.

2 Q Was your concern that, if you confronted
3 Dr. Dorin without evidence of the exact drugs being
4 taken, you wouldn't be able to prove that he had taken
5 the drugs?

6 A Of course.

7 Q Did you give any consideration to -- after
8 having seen nine videos of Dr. Dorin putting drugs in his
9 pocket, did you give any consideration to, at least, if
10 you confronted Dr. Dorin, maybe you could make it stop?

11 A Did I?

12 Q Yes.

13 A No.

14 Q Do you know if you ever had that
15 conversation with anyone at Sharp?

16 A Did I?

17 Q Yes.

18 A Probably.

19 Q Who would you have had that conversation
20 with?

21 A Women's Center, Michelle.

22 Q Tell me if you recall ever having a
23 conversation to that effect.

24 A I know I did before. I don't recall
25 specific conversations. But during the investigation,

1 I'm sure there was conversations that I had with them
2 about, okay, what are we going to wrap this -- how long
3 are we going to do this? Because you got this stuff
4 going on, you got assets in place.

5 Q And you had that conversation with
6 Ms. Tarbet?

7 A I believe so.

8 Q And what was her response as far as how long
9 she -- she was willing to let the investigation continue?

10 A Keep the video surveillance going.

11 Q Okay. Did she tell you why she wanted that
12 to happen?

13 A I did not question the CEO's reasoning. She
14 said keep the video surveillance going.

15 Q And over the course of this time, almost a
16 year on Exhibit 17, drugs are missing from the operating
17 rooms. Is that your understanding?

18 A Allegedly. I don't know that they were
19 missing. I know they were -- I know they were taken and
20 the documentation of where they went to was not complete.

21 Q And my understanding is there was a concern
22 about patient safety. Correct?

23 A Absolutely.

24 Q And that patient safety was based on the
25 fact that drugs were missing. Correct?

1 you had gone and spoken to an attorney about the incident
2 that's described on Exhibit 9.

3 A No. No. I'm sorry.

4 Q Okay.

5 A I misspoke if that's what you thought I
6 said. I talked to our attorneys about the computers
7 after the investigation was over.

8 Q Okay.

9 A Not about this incident.

10 Q Not about that particular incident, okay.

11 Did you consult any written policies or
12 procedures at Sharp prior to beginning the investigation?

13 A No.

14 MS. GODDARD: Off the record.

15 (Off the record at 12:53 p.m.)

16 (Recess)

17 (On the record at 1:14 p.m.)

18 MS. GODDARD: I have a few more questions.

19 BY MS. GODDARD:

20 Q Mr. Albright, were you still working for
21 Sharp when Mr. LaBore reviewed all the videos?

22 A When did he review them?

23 Q That's what I'm asking. I'm trying to get a
24 sense when Mr. LaBore reviewed all the video.

25 A I think I was, yes. I think I was still.

1 Q So it would have been sometime before
2 February 2015?

3 A Yes.

4 Q I think we talked about the potential for
5 placing a camera in the operating room that would be
6 pointed directly at drug cart. Do you recall that
7 discussion?

8 A With Howard?

9 Q No, with me earlier.

10 A Oh, yes, I do.

11 Q Okay. And I wanted to make sure. Did you
12 ever consider placing a video camera in the operating
13 room that was directed at the drug cart openly, not
14 hidden?

15 A Did I consider it?

16 Q Yes.

17 A Absolutely.

18 Q And did you discuss that with anyone?

19 A I did.

20 Q Who did you discuss it with?

21 A I believe Michelle.

22 Q Tarbet?

23 A I don't know if I discussed it with Lily. I
24 don't really recall, but I'm sure I did with Michelle.

25 Q And what was her reaction to that suggestion

1 that you place an openly visible camera in the operating
2 room?

3 A It became moot because of the problems of
4 putting any video into the -- that room with the
5 difficulty that -- with the purpose of what we are doing
6 it because of the hodgepodge and all the costs and all
7 the money going out, and they wanted to get this thing
8 done. That's how I remember it.

9 Q I want to make sure we are on the same page
10 here. What was the concern about shutting down the
11 operating room?

12 A I can't go to all those facts. I can only
13 give you my opinion on that. It was physically
14 impossible. A room like this is fairly easy. You have
15 tile. A room where you have plaster and everything else,
16 it becomes, engineering-wise and facilities
17 management-wise, very, very difficult. Now, that's not
18 my expertise. But it was ruled out very, very quickly.

19 Q Do you know if there was ever a
20 consideration given to pointing a camera in that would
21 be -- withdraw that.

22 When we talk about that deliberation about
23 whether you could put a camera in that was directly
24 pointed specifically at the drug cart, was that
25 discussion around a hidden camera or an openly visible

1 camera?

2 A Probably both ways.

3 Q Okay.

4 A I might have discussed it as a deterrence
5 and discussed it, okay, if we can't do it that way, they
6 want to catch the guy, how can we put a camera in there
7 that would not be detectable.

8 Q And there was a concern about the cost to --

9 A No. Not the cost. The cost was never a
10 factor to me.

11 Q Because, what I heard, there was some
12 discussion about having to close down the operating room.
13 Was there any discussion about how expensive that would
14 be?

15 A Not to me, no.

16 Q Now, we talked about how -- I asked you why
17 you didn't -- why Sharp didn't confront Dr. Dorin earlier
18 in the investigation. And my understanding of your
19 response was that you needed more information than just
20 the video to confront him. Is that accurate?

21 A Well, for my purposes, yes.

22 Q What was the other information that Sharp
23 got that led to the confrontation with Dr. Dorin?

24 MS. CHOW: May call for speculation.

25 Go ahead and answer.

1 THE WITNESS: The only information was what
2 I described previously. That's what caused the
3 confrontation -- the investigation to be brought to a
4 head and confront the doctor.

5 BY MS. GODDARD:

6 Q And what was that information?

7 A That he was -- I'm fuzzy here. But I will
8 tell you that he was -- nurses had saw him in a state
9 that they thought he could have posed great risk to the
10 patients that he was supposed to be working on. And that
11 caused them to stop this immediately and confront him.

12 Q At that point, that was in April of 2013.
13 Correct?

14 A I think so.

15 Q If I look back at the records in the
16 accusation, I think the date was April 3rd, 2013. Does
17 that sound familiar?

18 A It does.

19 Q And you continually updated Ms. Tarbet on
20 the investigation. Correct?

21 A When I was required to, yes.

22 Q You would have updated her about the
23 confrontation with Dr. Dorin. Correct?

24 A I did.

25 Q Did you have a conversation with her about

1 A I don't recall.

2 Q Would you have stopped the videos on your
3 own?

4 MS. CHOW: Calls for speculation.
5 Incomplete hypothetical.

6 THE WITNESS: Probably.

7 BY MS. GODDARD:

8 Q You wouldn't have consulted Ms. Tarbet to
9 get approval to stop the video?

10 A I might have.

11 Q Well, she was the one who gave you the
12 direction.

13 A To start it, m-hm.

14 Q Correct. After you -- when you would update
15 her about the investigation and tell her that you had
16 some video of Dr. Dorin, did she ever tell you at that
17 point to stop the video?

18 A No, she did not.

19 Q Did she tell you to continue the video?

20 A Yes, she did.

21 Q Did you explain to her at the time that the
22 video evidence alone wasn't sufficient to confront
23 Dr. Dorin?

24 A It depends on what conversation you're
25 talking about.

1 Q Did you ever explain that to her?

2 A Of course.

3 Q Was that toward the beginning, middle, or
4 end of the investigation?

5 A Probably all three.

6 Q Despite that, Ms. Tarbet told you, continue
7 taking the videos. Correct?

8 A Exactly.

9 Q Did she ever tell you why she wanted you to
10 continue taking the videos even though having the video
11 of Dr. Dorin putting drugs in his pocket wasn't enough?

12 A I don't recall.

13 Q And the reason why the video of Dr. Dorin
14 putting drugs in his pocket wasn't enough to confront him
15 was because you couldn't tell what drugs were being
16 taken. Correct?

17 A No.

18 MS. CHOW: Misstates testimony and it's been
19 asked and answered numerous times.

20 THE WITNESS: No.

21 BY MS. GODDARD:

22 Q Well, you had -- taking a look back at
23 Exhibit 17, there are 15 incidents of video of Dr. Dorin
24 putting drugs in his pocket over the course of -- between
25 September 2002 and March 2013. Do you see that?

1 A I don't see anything where it -- it says
2 missing drugs. Is that what you're talking about?

3 Q Yes.

4 A I see we have video of Dr. Dorin putting
5 something in his pocket and there were allegedly missing
6 drugs.

7 Q And the fact that drugs were missing and
8 there was a video of Dr. Dorin wasn't enough for you to
9 confront Dr. Dorin. Is that my understanding? That's my
10 understanding of your testimony. Is that correct?

11 A That is correct.

12 Q You needed something more than that in order
13 to confront him. Correct?

14 A I did.

15 Q So even though you needed something more,
16 you continued to take videos in all three operating rooms
17 for almost a year after September 2012. Correct?

18 A Well, if you were to say September to March,
19 it's a year --

20 Q Well, you stopped taking video in June 2013.
21 Correct?

22 A Okay. We weren't monitoring video after
23 March, I don't believe.

24 Q But you were still taking it. Correct?

25 A Well, I wasn't taking anything. I don't

1 even know that I knew that it was being taken.

2 Q Okay. So if you knew the video and the fact
3 of missing drugs wasn't going to be enough to confront
4 Dr. Dorin, even with 15 incidents documented, why did you
5 keep taking the video?

6 A Two reasons: One, I was told to continue
7 taking video; two, I had a lot of hope that we would be
8 able to take the missing drugs, document where the drugs
9 were, what they are, and where they didn't go, and then
10 they were never accounted for. That's what I was hoping
11 for.

12 Q At any point in time did you ever go to
13 Ms. Tarbet and say we need to do something else because
14 there's a patient safety issue and it's almost been a
15 year and we still don't have any answers?

16 A Excuse me here. I'm losing my cancer cover.
17 Would you say that again?

18 Q Sure.

19 At any point in time during the
20 investigation, did you go to Ms. Tarbet and say we need
21 to try something different because all we're getting is
22 video we can't even use to confront him?

23 A I did not. I don't recall.

24 Q Did anyone from Sharp suggest -- did anyone
25 from Sharp suggest that you couldn't let this

1 investigation where you were videotaping procedures in
2 the operating rooms go on indefinitely?

3 A Did anybody say that to me?

4 Q Yes.

5 MS. CHOW: That misstates the facts and
6 suggests we were purposely videoing procedures. That's
7 not what we were doing.

8 BY MS. GODDARD:

9 Q They weren't purposely videoing proceedings?
10 You put a camera in an operating room. Correct?

11 A Did I put a camera in an operating room?

12 Q You caused it to happen. Correct?

13 A Yes.

14 Q You caused a camera to be installed into an
15 operating room. Correct?

16 A Yes.

17 Q You didn't take any actions to make sure
18 that that camera didn't run when patients were having
19 procedures taken in the operating room. Am I correct on
20 that?

21 A I made procedures where the video was not
22 available to anybody.

23 Q I understand.

24 A I didn't know what the video was looking at.
25 When I saw the video, the video was focused on the cart.

1 It was not focused on anything else but the cart that had
2 the drugs in it. It was not focused -- not a panoramic
3 video showing the whole OR. It was dialed into this
4 very, very limited range. That's the video that I saw.

5 Q That's the video you saw. But you're now
6 aware, based on Mr. Lewis's Declaration, that much more
7 was captured on those videos than what you saw. Correct?

8 A I know it now. I didn't know it then.

9 Q You didn't go back and check to see if you
10 were getting a limited view and not getting patients.
11 Correct?

12 A I had no reason to.

13 Q You knew patients would be taken videos of.

14 A I did not.

15 Q You didn't know?

16 A I did not know.

17 Q Why not?

18 A Because I saw the limited view I was looking
19 at the -- at the narcotics cart.

20 Q You didn't have any suspicion whatsoever
21 that -- what would be the basis for you to believe that a
22 camera in an operating room that was placed on a monitor
23 with a moveable arm would never capture the image of a
24 patient?

25 A I didn't.

1 Q If you didn't believe that, why did you have
2 a conversation with Ms. Tarbet at the outset of the
3 investigation about patient privacy?

4 A Because it was --

5 MS. CHOW: Asked and answered.

6 THE WITNESS: I'm sorry.

7 MS. CHOW: Go ahead.

8 THE WITNESS: It was in a patient care area.
9 It's something we don't do.

10 BY MS. GODDARD:

11 Q As you sit here today, you never believed
12 that there were any patients captured on those videos?

13 MS. CHOW: Misstates his testimony.

14 THE WITNESS: I can't comment on that. I
15 didn't believe at the time; that any video that was
16 captured that we looked at was only designed and focused
17 on the specific thing we were looking at. I had no
18 expectation that we were videoing anything other than
19 that. That was the primary focus.

20 BY MS. GODDARD:

21 Q I understand that was your primary focus.
22 My question is different.

23 Are you testifying under oath that, when you
24 placed a video camera in three operating rooms that was
25 motion sensitive -- triggered by motion detectors, that

1 you had no expectation that at any time a patient would
2 be captured on that video?

3 A I don't know.

4 Q Okay. Did you do anything, other than --
5 this is important.

6 Did you do anything to prevent patient
7 images from being captured on the video? Regardless of
8 whether you limited access to the video, did you do
9 anything to limit the video from capturing patient images
10 in the first place?

11 A I don't have that technical expertise.

12 Q ~~You couldn't --~~

13 A No.

14 Q -- you couldn't take that video without
15 getting some patients in it. Correct?

16 A What I could do was what --

17 MS. CHOW: Incomplete hypothetical. Calls
18 for speculation.

19 THE WITNESS: What I could do is what I did.
20 Any video that was taken was sequestered. Not to be
21 observed by anybody. That when there was a call of an
22 incident, that I would get that video clip and I would
23 look at it then. And during that time, I saw no patients
24 on those clips that I saw.

25 ///

1 BY MS. GODDARD:

2 Q I understand. I appreciate that.

3 But my question was: There was no way, with
4 a video camera installed on a monitor, that you could
5 prevent capturing patient images while they were being
6 treated in the OR. Correct?

7 A I don't know that --

8 MS. CHOW: Asked and answered. And he
9 already said he doesn't know.

10 THE WITNESS: I don't know if they could do
11 it. I don't know. I don't have the technical expertise.

12 BY MS. GODDARD:

13 Q Had you known then during the investigation
14 that the videos were going to capture images of women as
15 described by Mr. Lewis -- exposed, their most vulnerable
16 during procedures -- would you have asked Ms. Tarbet to
17 stop the video sooner?

18 MS. CHOW: Calls for speculation.
19 Incomplete hypothetical. And asked and answered.

20 THE WITNESS: I didn't know.

21 BY MS. GODDARD:

22 Q I'm asking you if you had known.

23 A Would I have brought it to her attention?

24 Q Yes.

25 A I probably would have.

1 Q Would you asked her to stop the video, for
2 authorization to stop the video?

3 MS. CHOW: Same objections.

4 THE WITNESS: I would not.

5 BY MS. GODDARD:

6 Q Why not?

7 A Because I was directed to take the video.

8 Q Would you ask her to change that direction
9 in light of the knowledge that the video was capturing
10 images of female patients during procedures at their most
11 vulnerable?

12 A I would have told her that we had seen it,
13 that would have been the end of it. That would have been
14 the limit of my discussion. Patient videos are showing
15 up on the video, which I didn't, and I certainly would
16 have brought that to her attention.

17 Q Okay. Did Mr. LaBore ever tell you that he
18 saw patient images on the videos?

19 MS. CHOW: At what time frame?

20 BY MS. GODDARD:

21 Q At any time?

22 A After the investigation was over when he was
23 doing his review.

24 MS. GODDARD: Let's go off the record.

25 (Discussion off the record)

Exhibit 10

(LODGED CONDITIONALLY UNDER SEAL)

NOTES FROM MISSING DRUG CASE

Number of reported missing drug incidents:	39 incidents
Number of reported missing drug incidents with video;	27 incidents**
Number of times Dr. Dorin on video when reported missing drugs:	24 incidents
Number of other people on video when reported missing drugs:	3 (different)
Type of known drugs missing when reported (After 2/4/13):	Propofol, Toradol, Zofran
Type of known missing drugs: (After 2/4/13):	Propofol—22 Toradol—1 Zofran—5
	Total: 28 [15 incidents]

Number of drugs missing from 5/14/12 to 9/14/12:

Total: 54 [10 incidents]

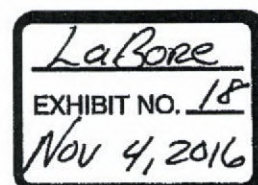
Zofran = 15
Ephedrine = 1
Lidocaine = 3
Succinylcholine = 4
Rocuronium = 2
Reglan = 1
Spinal Marcaine = 4
Pepcid = 2
Labetolol = 1
Metoprolol = 1
Inderal = 1
Rocuronium = 1
Toradol = 10
→ Propofol = 4
Ancef = 2
Benadryl = 1

Number of drugs missing from 12/1/12 to 1/8/13:

Unknown [14 incidents]

Admissions by Dr. Dorin:

1. Removed drugs from OR (OR#3)
2. Went into OR rooms with the nights off
3. Worked in the dark in OR rooms



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SHARP000082

EXHIBIT 10

Known lies told by Dr. Dorin:

1. Last time removed Propofol from OR was several months ago.
2. Dropped blue cap & needle in OR#3
3. What he did with missing drugs. (???)

** = Unknown how many missing drugs were taken per video incident.

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EXHIBIT 10

Exhibit 11

(LODGED CONDITIONALLY UNDER SEAL)

Missing Drugs
Sharp Women's Center
5555 Grossmont Center Drive
La Mesa, CA 91942

On March 6, 2013, at approximately 1300 hours, Security Director Ray ALBRIGHT and I met with the Director of Women Services Lily PISEGNA and Surgery Supervisor Linda HAMEL in PISEGNA's office to discuss an ongoing investigation regarding missing drugs from the Women's Center 5555 Grossmont Center Drive, La Mesa CA 91942. I reviewed the information in this case by viewing the reported missing drug cases and the videos associated with those cases prepared by Investigator George SWEET.

BACKGROUND

Per Investigator SWEET's reports (Incident Report #SGH05092012-000548), on May 10, 2012, drugs had been discovered missing from the three Operation room's drug carts by the nurses.

Per Investigator SWEET's reports, there was no written record of any of the missing drugs previous to May 2012 but both HAMEL and BABCOCK said the losses go back a few years. They will document any further drug shortages.

After that first meeting, a request was made to collect information on any missing drugs from this point. Linda HAMEL provided Investigator SWEET with a list of the following drugs that were missing:

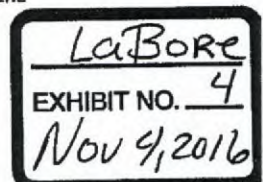
DATE	DAY	LOCATION	COMMENTS
5/14/12	Mon	OR #3	Zofran (3), Ephedrine (1), Lidocaine 1% (2), Succinylcholine (2), Rocuronium (2)—Drs. Tamirisa/Dorin/Sullivan (weekend)
5/15/12	Tues	OR #2	Zofran (1)—Dr. Sullivan
5/17/12	Thur	OR #1	Reglan (1), Robinul (1)—Dr. Diehl
5/22/12	Tues	OR #2	Zofran (8)—Dr. Sullivan
5/23/12	Wed	OR #2	Ephedrine (1), Zofran (3), Lidocaine 2% (1)—Dr. Diehl
5/25/12	Fri	OR #1	Spinal Marcaine (2)—Dr. Sullivan
6/4/12	Mon	OR #3	Pepcid (1), Labetolol (1), Metoprolol (1), Inderal (1), Rocuronium (1), Succinylcholine (2), Toradol (1), Propofol (3), Ancef (1), Lidocaine Jelly (1)—Drs. Dorin, Diehl Tamirisa (weekend) 6 C-sections in OR #1 & #2.
6/5/12	Tues	OR #1	Propofol (1), Benadryl (1), Spinal Marcaine (2)—Dr. Dorin
6/5/12	Tues	OR #3	Toradol (3), Pepcid (1), Ancef (1)—Dr. Dorin
9/14/12	Fri	OR #3	Toradol (6), —Dr. Dorin One case that day

Dr. DORIN, Dr. DIEHL, Dr. TAMIRISA and Dr. SULLIVAN are Anesthesiologists.

After this reported information, investigative steps were implemented in an attempt to identify the person or person(s) involved in the missing drugs

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Per Investigator SWEET's report, the following drugs were restocked and possible missing (highlighted) by Jana BABCOCK on 1/4/13 at 5:15 pm to Linda HAMEL:

OR #1: Phenylphrephine (2), Dexameth (3), Propofol (1), Ancef (3), Benadryl (3), Zofran (11), Pepcid (4), Regian (1), Metopro (1), Inderal (1), Brevibloc (1), Toradol (1).

OR #2: Benadryl (1), Zofran (2), Pepcid (1), Inderal (1), Labetolol (1), Metoprolol (1), Brevibloc (1), 1 lido 1% (1), Propofol (3), Ancef (1).

OR #3: Lido 2% (1), Lido 1% (1), Dexameth (1), Propofol (8), Sux (1), Roc (1), Neo (1).

Note: BABCOCK said OR #2 was not used that day (or the night before). BABCOCK stocked OR #2 & OR #3 the day before and all 3 OR's on 1/4/2013.

Based on Investigator SWEET's notes, Dr. DORIN was identified in several of the videos when the missing drugs were reported.

INVESTIGATION

The below video clips were saved and showed Dr. DORIN in Operating Room #1, #2 and #3 on different dates and times. Dr. DORIN was seen by the drug cart(s) in the videos. I saw in several of the video clips that Dr. DORIN seldom turned on the overhead lights in the Operating room. I saw Dr. DORIN removing something from the drug cart(s) but due to the angle of the camera, I could not see the drug cart(s) or what he removed. I saw in several of the video clips, Dr. DORIN loading syringes with some type of drugs, then put the loaded syringes in his upper left front shirt pocket (or carried the syringe(s)), then leave the Operating room. I can see Dr. DORIN place additional items in his upper left front shirt pocket but it was difficult to tell what those items were at this time.

The following table was created regarding the video clips:

DATE	DAY	TIME	DESCRIPTION
9-14-12	Fri	12:34:48 am OR #3	Dr. Dorin in video at drug cart, removing items and poss. loading syringes, several of the items are placed in his upper shirt pocket. Walked out at 12:37:20 am. No lights on.
9-14-12	Fri	1:35:09 am OR #3	Empty office—No light on. No one seen
9-14-12	Fri	5:47:56 am OR #3	Dr. Dorin in video. On far wall, puts something in basket/can, walks to drug cart, and removed something, then walks to other side of room, grabbed clip board. Walked out at 5:48:25 am. No lights on.
12-1-12	Sat	2:50:55 am OR #2	Unknown female in video. Outside hallway lights on. By drug cart & possible took something out of cart. Walked out at 2:51:10 am.
12-6-12	Thur	4:57:14 am	Poss. Dr. Peinado in video. Possibly removes something from drug

		OR #3	cart. Walked out at 4:57:19 am. No lights on.
12-10-12	Mon	11:12:54 pm OR #1	Dr. Dorin in video. Clip board in hand. Door closes. Very dark. By drug cart. Cannot see what is removed. Walked out at 11:13:15 pm. No lights on.
12-11-12	Tues	12:11:05 am OR #3	Dr. Dorin on video. Lights on. Removed several items from drug cart & puts in upper Lt shirt pocket. Walked out at 12:12:07 am. Turned lights off as he left.
12-16-12	Sun	2:50:05 am OR #3	Dr. Dorin in video. He is at drug cart. Putting something in his upper Lt shirt pocket. Poss. loading syringes. Walked out at 2:51:51 am. No lights on.
12-16-12	Sun	03:16:56 am OR #3	Dr. Dorin in video. He is at drug cart. Putting something in upper Lt shirt pocket. Poss. loading syringes. Walked out at 3:17:48 am. No lights on. Has clipboard with him.
12-20-12	Thur	12:08:21 am OR #3	Dr. Dorin in video. He is at drug cart. Putting something in his upper Lt shirt pocket. Poss. loading syringes. Walked out at 12:10:40 am. No lights on. Grabbed clipboard on way out.
12-20-12	Thur	1:07:37 am OR #3	Dr. Dorin in video. He is at drug cart. Unsure what he took out. Walked out at 1:07:56 am. No lights on. Has clipboard with him.
12-21-12	Fri	4:12:45 am OR #3	Dr. Sullivan in video. Not by drug cart. Walked out at 4:12:51 am. No light on.
12-24-12	Mon	1:09:09 am OR #2	Dr. Dorin in video. Mask on. Lights on. Removes vial(s) from drug cart. Walks out at 1:09:18 am. Turned light off.
1-3-13	Thur	6:53:09 pm OR #1	Dr. Dorin in video. Mask on. Lights on. Prep work on computer. At 6:58:45 pm- at Drug cart. Loading several syringes (same movement Dr. does when in a dark room). At 7:01:27 pm, nurse in room, at 7:2:14 pm, patient in room—doing procedure in room. Video off 7:39:40 pm.
1-4-13	Fri	2:45:33 am OR #3	Dr. Dorin in video. At drug cart. Puts something in upper Lt shirt pocket. Has clipboard with him. Walked out at 2:45:54 am. No lights on.
1-8-13	Tues	12:27:00 am OR #1	Dr. Dorin in video. Lights on. At drug cart. Fills syringes. Puts something in upper Lt shirt pocket. Puts syringe in upper Lt shirt pocket. Walked out at 12:28:52 am
1-8-13	Tues	1:48:36 am OR #1	Dr. Dorin in video. Lights on. Removes something from drug cart and puts in upper Lt shirt pocket. Walked out at 1:48:44 am.

On March 7, 2013, at approximately 1400 hours, I talked with Linda HAMEL by telephone. In essence, she gave me the following information:

HAMEL said the following types drugs were discovered (commonly) missing since May 10, 2012.

PROPOFOL (20ml vial): Used as an anesthetic. Only an anesthesiologist would use this type of drug or a doctor/nurse would use this in a drip system in ICU. The patient's airway MUST be monitored when this drug is administered. Unknown cost. Can be placed in a shirt pocket. Unknown how many but several vials missing.

ZOFTRAN (2ml vial): Anti-nauseous drug. A doctor, nurse, or anesthesiologist would use this type of drug to reduce the effects from anesthesia. Unknown cost. Can be placed in a shirt pocket. Unknown how many but several vials missing.

TORADOL (1ml vial): Anti-inflammatory (pain) drug (similar to MORTIN). A doctor, nurse, or anesthesiologist would use this type of drug. Unknown cost. Can be placed in a shirt pocket. Unknown how many but several vials missing.

SODIUM BICARBONATE (50ml vial): A doctor, nurse, or anesthesiologist would use this type or drug. Used in Code Blue cases and/or to buffer the effects from anesthesia. Unknown cost. Can be placed in a shirt pocket. Just a few vials were missing.

HAMEL said they have three (3) Operating rooms and two (2) Labor & Delivery room at the Women's Center.

- Operating room #1 is used the most and that drug cart is well stocked.

Operation room #2 is used if Operation room #1 is in use and that drug cart is stocked according to use.

Operating room #3 is used the least and minimal drugs are stocked in the drug cart (this room is rarely used).

Per regulations, these drug carts are supposed to be locked at all times except when the Operating room is occupied and/or monitored. There is a key on the back of the drug carts to operate the lock. The drug carts are never locked because the anesthesiologists do not like to deal with a locked cart. There are no narcotics (controlled substances) stored in these drug carts. Labor & Delivery rooms have their own drug carts.

The Operating rooms and Labor & Delivery rooms are accessed by hospital staff only (not open access to the public. If a patient is occupying one of the Operating rooms, hospital staff is always in the Operating room during that time.

HAMEL said when drugs are used; the drugs are used in the operating room at the time a patient is being treated. She said there is no reason why a doctor would load syringes and removed the syringes (or drugs) from the different operating rooms.

It was around May 10, 2012 when the missing drugs from the drug carts became more frequent and noticeable, many of the anesthesiologists would complaint to HAMEL that the drug carts did not have the proper drugs resupplied in them on a daily bases. It was the nurses' responsibilities to restock the drug carts. HAMEL could not tell me how many drugs or what kind were missing due to control issues.

After a short time, several of the nurses knew they had restocked the drug carts the day before, but the next day, drugs were missing even though there were not any medical procedures the previous day.

The control levels (PAR levels) in the drug carts were started on or about August 2012. HAMEL said she would have the drug carts stocked in the morning in each Operating room with the following drugs:

WC OR #1: Verapamil (1), Hydralazine (1), Cefotetan (2), Cefoxitin (2), Clindamycin (2), Gentamycin (2), Narcan (1), Romazicon (2), Phenergan (15), Zofran (15), Pepcid (8), Reglan (6), Inderal (1), Metoprolol (1), Labetolol (1), Brevibloc (1), Lanoxin (1), Robinul (8), Terbutaline (3), Phenylephrine syringe (4), Benadryl (6), Atropine (6), Ephedrine (15), Propofol (4), Toradol (6), Decadron (4), Lidocaine 2% (4), Neostigmine (2), Vecuronium (3), Succinylcholine (2), Rocuronium (1), Ancef (10), Epinephrine PLS (1), Atropine PLS (1), Lidocaine PLS (1), Albuterol inhaler (1), Nesacaine (6), Marcaine/epi (6), Marcaine (6), Lidocaine/epi (6), Pitocin (40), Epinephrine 1:1000 (10), Marcaine spinal (10).

WC OR #2: Hydralazine (2), Cefoxitin (1), Clindamycin (2), Gentamycin (2), Narcan (2), Romazicon (1), Phenergan (5), Zofran (10), Pepcid (3), Reglan (3), Inderal (1), Metoprolol (1), Labetolol (1), Brevibloc (1), Lanoxin (1), Robinul (4), Lasix (1), Phenylephrine (3), Phenylephrine syringe (4), Benadryl (6), Atropine (6), Ephedrine (6), Propofol (9), Toradol (6), Decadron (4), Lidocaine 1% (4), Lidocaine 2% (4), Neostigmine (2), Vecuronium (2), Succinylcholine (1), Rocuronium (1), Ancef (10), Epinephrine PLS (1), Atropine PLS (1), Lidocaine PLS (1), Albuterol inhaler (1), Sodium bicard (2), Nesacaine (5), Marcaine/epi (5), Marcaine (5), Lidocaine/epi (5), Pitocin (25), Epinephrine 1:1000 (10), Marcaine spinal (10), D50W 50ml (1).

WC OR #3: Verapamil (1), Hydralazine (1), Cefotetan (2), Cefoxitin (2), Clindamycin (2), Gentamycin (2), Narcan (2), Romazicon (1), Phenergan (15), Zofran (15), Pepcid (6), Reglan (6), Inderal (1), Metoprolol (1), Labetolol (1), Brevibloc (1), Lanoxin (1), Robinul (8), Lasix (1), Phenylephrine (3), Phenylephrine syringe (4), Benadryl (6), Atropine (10), Ephedrine (10), Propofol (9), Toradol (6), Decadron (4), Lidocaine 1% (4), Lidocaine 2% (4), Neostigmine (3), Vecuronium (6), Succinylcholine (2), Rocuronium (2), Ancef (10), Epinephrine PLS (1), Atropine PLS (1), Lidocaine PLS (1), Albuterol Inhaler (1), Nesacaine (4), Marcaine/epi (4), Marcaine (4), Lidocaine/epi (4), Pitocin (20), Epinephrine 1:1000 (10), Marcaine spinal (10).

About three months ago (she did not remember the exact date), around 4:00pm or 5:00 pm, HAMEL was in her office. She saw Dr. DORIN come out of Operating room #2 carrying 3 vials of Lidocaine or Marcaine (30ml vials). [These drugs are used for local anesthetic and antiarrhythmic] She asked Dr. DORIN what he was doing with the drugs. There had not been any medical procedures that day in the operating rooms.

HAMEL said Dr. DORIN told her that he was restocking the Labor & Delivery drug cart. She explained to Dr. DORIN that by removing drugs from the operating room was not proper protocol. She explained to Dr. DORIN that the patient in Labor & Delivery would not be billed properly and her department would absorb the cost for the drugs. She believed that Dr. DORIN took the drugs anyway.

HAMEL said another nurse, Brandi SURPRISE, saw Dr. DORIN remove drugs for one of the operating room recently.

HAMEL said when Dr. DORIN worked at the hospital, his work hours would be between 4:00 pm and 7:00 am. He would be on property for approximately a 12 hour shift when he was at work.

I gave HAMEL the dates and times from the video clips where Dr. DORIN was seen removing possible drugs from the operating rooms during his shift. She will try and verify that Dr. DORIN was working on those dates. She will also see if Dr. DORIN treated any patients on those dates as well.

I ended my interview with HAMEL at this time.

On March 11, 2013, at approximately 1040 hours, I met with Linda HAMEL in person at the Women's Center 5555 Grossmont Center Drive, La Mesa, CA 91942 in Lily PISEGNA's office. HameL gave me the list of drugs that are stocked daily in the three Operation Room drug carts. (See above list for details). She said since a different nurse restocks each drug cart daily, it would be difficult to tell what drugs are missing except for the days when the same nurse does the restock on back-to-back days.

HAMEL provided me with Dr. DORIN's work schedule on specific days that I requested:

DATE	COMMENTS
9-14-12	Dr. Dorin was on duty. One case in OR # 1. Started 9/13 at 2144 hrs. Ended at 0012 hours
12-1-12	Dr. Dorin was not scheduled to work. Dr. Diehl was on duty unless they switched. No cases
12-6-12	Dr. Dorin was not scheduled to work. Dr. Pelnado was on duty unless they switched. One case that started at 0457 hours in OR #1.
12-10-12	Dr. Dorin on duty. One case in OR #1 ended at 1926 hours.
12-11-12	Dr. Dorin on duty. Two cases in OR #1. They started 0005 hours on 12/12/12.
12-16-12	Dr. Dorin on duty. One case in OR #1. Started at 0336 hours
12-20-12	Dr. Dorin on duty. No cases.
12-21-12	Dr. Dorin on duty. No cases.
12-24-12	Dr. Dorin on duty. One case in OR #1. Started at 0002 hours. One case in OR#2. Started at 0514 hours.
1-3-13	Dr. Dorin on duty. One case in OR # 2. Started at 1902 hours
1-4-13	Dr. Dorin on duty. No cases.

1-8-13	Dr. Dorin was not scheduled to work. Dr. Sullivan was supposed to be on duty unless they switched. No cases.
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I reviewed the seventeen (17) video clips taken from OR #1, OR #2 and OR #3 with HAMEL. She verified which videos were from which Operating Rooms. She identified Dr. DORIN in the videos dated 9-14-12, 12-11-12, 12-16-12, 12-20-12, 12-24-12, 1-3-13, 1-4-13, and 1-8-13.

HAMEL said Dr. SULLIVAN was in the video dated 12-21-12. She said Dr. PEINADO was in the video dated 12-6-12. She was unable to identify the person in the video dated 12-10-12 because it was too dark (might be Dr. DORIN). She was unable to identify the person in the video dated 12-1-12 but did not believe it was Dr. DORIN. She said that person may be a female.

HAMEL said the following drugs were missing from the Operation Rooms:

DATE	OR #	COMMENTS
2-4/5-13	OR #2 OR #3	Missing one (1) Propofol from each OR. Dr. Dorin on duty. One case in OR #2 on 2/4/13. Started at 1551 hours and ended at 1717 hours.
2-6/7-13	OR #1	Missing one (1) Toradol, one (1) Propofol, & one (1) Zofran. Dr. Dorin on duty. On case in OR #1 on 2/6/13. Started at 1600 hours and ended at 1756 hours.
2-18/19-13	OR #2	Missing four (4) Zofran, & three (3) Propofol. Dr. Dorin on duty. One case in OR#1. Started at 0153 hours (on 1/19/13).

I ended my interview with HAMEL.

I located the following video clips regarding the above dates:

DATE	Day	TIME	COMMENTS
2-6-13	Wed	09:37:13 pm OR #2	Dr. Dorin in video & at drug cart. Removed something from cart & placed in upper Lt shirt pocket. Out at 09:37:47 pm. No light on.
2-7-13	Thru	01:08:58 am OR #3	Dr. Dorin in video & at drug cart. Put something in his upper Lt shirt pocket.
2-18-13	Mon	9:38:23 pm OR #2	Very dark. Possible Dr. Dorin in video. Unable to see if anything removed.
2-19-13	Tue	12:48:34 am OR #2	Very dark. Possible Dr. Dorin in video. Something removed from drug cart.

On March 13, 2013, at approximately 0900 hours, I talked with Linda HAMEL by telephone. I requested additional information on which operating room were in use on the above dates. HAMEL clarified information I had regarding missing drugs from May 2012 and January 4, 2013.

On March 20, 2013, at approximately 0930 hours, I talked with Linda HAMEL by telephone. I obtained information on the OR cases from February 4, 2013 to February 19, 2013. In essence, she told me the following:

HAMEL was in her office yesterday (March 19, 2013) at approximately 1705 hours when she saw Dr. DORIN walk out of OR #3. She asked RN Serena WONG if she had stocked the drug cart in OR #3 that day. WONG told HAMEL that she stocked the drug cart in OR #3 at approximately 4:30 pm that day.

HAMEL asked WONG to check the drug cart in OR #3 and see if anything was missing. WONG told HAMEL that one (1) Propofol was missing from the drug cart in OR #3.

HAMEL said Dr. DORIN started a procedure in OR #1 that day at approximately 1714 hours. HAMEL said another nurse, Gail HENDERSON had stocked OR #1 and OR #2 at approximately 1630 hours that day.

I asked HAMEL about the drug carts in the Labor and Delivery rooms. She said she did not have that information on what drugs are stored in those drug carts. Sharon WHITE (619-740-4924) is in charge of the Labor and Delivery rooms. I would have to contact WHITE for that information. HAMEL said Propofol would not be used in Labor and Delivery rooms.

I ended my interview with HAMEL at this time.

I reviewed the video from OR #3 on March 19, 2013 from approximately 1625 hours till 1715 hours. I located the video that showed RN WONG stocking the drug cart in OR #3. I identified WONG by her Sharp ID badge photo.

WONG entered OR #3 to restock the drug cart at approximately 4:27:02 pm. (Note: Another unidentified nurse was already in OR #3 at approximately 4:23:43 pm but did not go near the drug cart and left the room during the time WONG was in and out of OR #3)

I saw WONG leave and reentered OR #3 five (5) times as she restocked the drug cart. WONG left OR #3 at approximately 4:39:40 pm. The video turned off at approximately 4:42:42 pm. No one entered OR #3 after WONG left prior to the video turning off. While WONG was in and out of OR #3, I saw no one else entered OR #3.

On March 19, 2013, at approximately 5:02:59 pm, I saw Dr. DORIN on the video in OR #3. I saw Dr. DORIN place several items in his upper left shirt pocket. It appeared that some of the item(s) came from the drug cart. I saw Dr. DORIN leave OR #3 at approximately 5:03:32 pm.

I saw RN WONG enter OR #3 at approximately 5:04:14 pm. No one else entered OR #3 after DR. DORIN left. I saw WONG check the drug cart. At approximately 5:05:21 pm, I saw WONG leave OR #3. The video turned off at approximately 5:08:22 pm. No one entered OR #3 after WONG left prior to the video stopping.

I review the video from OR #1 for March 19, 2013 between approximately 1624 hours to 1811 hours.

At approximately 4:24:00 pm, I saw RN Gail HENDERSON in OR #1 on video. I identified HENDERSON by her Sharp ID photo. It appeared that HENDERSON was restocking the drug cart. She left OR #1 at approximately 4:24:58 pm. The video stopped at approximately 4:27:58 pm hours. I did not see anyone except HENDERSON on the video in OR #1 during this time.

At approximately 4:38:17 pm, I saw HENDERSON in OR #1 on the video. She left OR #1 at approximately 4:38:25 pm and returns at 4:28:59 pm. It appeared that HENDERSON is restocking the drug cart. She left OR #1 at approximately 4:40:58 pm and returned at approximately 4:41:58 pm. She left OR #1 at approximately 4:42:19 pm and turned out the lights. The video stopped at approximately 4:45:21 pm. I did not see anyone except HENDERSON on the video in OR #1 during this time.

At approximately 4:46:49 hours, the video came on in OR #1 but I did not see anyone inside OR #1. The room had the lights off. The video turned off at approximately 4:49:31 hours.

At approximately 4:54:53 pm, I saw an unknown nurse in OR #1 video. It appeared that the nurse is prepping the room for a procedure.

At approximately 4:57:16 pm, A second unknown nurse enters OR #1. The second nurse appeared to be prepping OR #1. I did not see either nurse by the drug cart. The video ends at approximately 5:00:20 pm. (It appears that the nurses are still in OR #1)

At approximately 5:01:52 pm, the OR #1 video started again. I saw a nurse leaving OR #1. Over the next 8 minutes, I saw several nurses enter and/or leave OR #1. It appeared that the nurses are prepping OR #1 for a procedure.

At approximately 5:09:15 pm, I saw RN WONG at the drug cart on the video in OR #1. It appears that she is prepping the area for a procedure.

At approximately 5:13:31 pm, I saw Dr. DORIN enter OR #1 on the video. I saw Dr. DORIN work in the area next to the drug cart. It appeared that he removed several items from the drug cart. I saw something in his upper left shirt pocket (and it appears full) but I never saw him remove anything from his upper left shirt pocket. It appeared that Dr. DORIN is loading syringes with unknown drugs.

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At approximately 5:14:42 pm, I saw a patient brought into OR #1 on the video. The video ran till approximately 5:11:15 pm. I saw Dr. DORIN on the video along with unknown nurses, and other people. When the video ended, the patient was still in the room.

Below is a table that describes the above events:

DATE	DAY	TIME	COMMENTS
3/19/13	Tues	4:24:00 pm OR#1	RN HENDERSON stocking drug cart. Left at 4:24:58 pm. Video stops at 4:27:58 pm
3/19/13	Tues	4:27:02 pm OR #3	RN WONG stocking drug cart. Left at 4:39:40 pm. Video off at 4:42:42 pm
3/19/13	Tues	4:38:17 pm OR#1	RN HENDERSON stocking drug cart. Left at 4:42:19 pm & turning lights off. Video stops at 4:45:21 pm
3/19/13	Tues	4:46:49 pm OR#1	Video on but cannot see anyone. Video off at 4:49:31 pm.
3/19/13	Tues	4:54:53 pm OR#1	Unknown nurse(s) working in OR#1. No one seen by drug cart. Video ends at 5:00:20 pm
3/19/13	Tues	5:01:52 pm OR#1	Nurses working in OR#1. Continues till 6:11:15 pm when video stops.
3/19/13	Tues	5:02:59 pm OR#3	Dr. DORIN in video. See him putting several items into upper left shirt pocket. Some items from drug cart. Leaves at 5:03:32 pm. Video never stopped. Seen leaving OR #3 by RN HAMEL.
3/19/13	Tues	5:03:32 pm OR#3	WONG in video. Checking drug cart. Leaves at 5:05:21 pm. Video off at 5:08:22 pm.
3/19/13	Tues	5:09:15 pm OR#1	WONG in video. Working at drug cart doing prep work. This video stops at 6:11:15 pm.
3/19/13	Tues	5:13:31 pm OR#1	Dr. DORIN in video. At drug cart working. See him loading syringes with unknown drugs. Never see him take anything out of upper left shirt pocket. The video stops at 6:11:15 pm.

On March 26, 2013, at approximately 0910 hours, I talked with Linda HAMEL by telephone. In essence, she told me the following:

On March 21, 2013, at approximately 3:00 pm, RN Jana BABCOCK stocked OR #3.

At approximately 3:45 pm, BABCOCK saw Dr. DORIN leave OR#3. BABCOCK told HAMEL, then BABCOCK entered OR#3 to check the drug cart. BABCOCK discovered 2 bottles of Propofol gone. BABCOCK reported this information to HAMEL.

On March 22, 2013, BABCOCK arrived at work at approximately 6:30am. In the morning, BABCOCK checked OR#3 drug cart. She discovered 3 more bottles of Propofol were gone. She reported this to HAMEL.

HAMEL said Dr. DORIN was the overnight anesthesiologist but did not have any cases in OR#1, #2 or #3 while he was at work. HAMEL said there was a procedure in OR#1 that ended at

approximately 3:40 pm on March 21, 2013, another procedure on OR#1 at approximately 4:10 pm, and another procedure in OR#2 at approximately 5:31 pm in OR#2. Dr. DORIN did not work on any of those procedures.

HAMEL later told me that Dr. PEINADO was scheduled to be the overnight anesthesiologist, not Dr. DORIN. She did not know why they switched.

I ended my interview at this time.

I reviewed the video in OR#3 for March 21, 2013. The camera angle had changed and there was no video from 12:59 pm to 9:09 pm for March 21, 2013. The video(s) from March 21, 2013 at approximately 9:09 pm till March 22, 2013, at approximately 4:11 pm showed only a wall or was dark.

I did locate a video in OR#2 on March 21, 2013 at approximately 3:42:14 pm. I saw RN Brandi SURPRISE restocked the drug cart in OR#2. I saw that SURPRISE left OR#2 at approximately 3:50:27 pm.

At approximately 3:44:22 pm, I saw Dr. DORIN on the video in OR#2. Dr. DORIN opened the drug cart door, and then closed it quickly. At approximately 3:44:32 pm, Dr. DORIN left OR#2.

At approximately 3:46:59 pm, I saw SURPRISE enter OR#2 and continued to restock the drug cart. At approximately 3:47:25 pm, SURPRISE left OR#2.

A copy of this video was retained.

At approximately 1030 hours, I talked with HAMEL by telephone. I explained to her about the missing video(s) and asked her about the events in OR#2. HAMEL said it was RN Brandi SURPRISE that was stocking OR#2 when Dr. DORIN walked into OR#2. SURPRISE told Dr. DORIN not to take anything out of OR#2 (drug cart) because she was stocking it. HAMEL said SURPRISE told her that Dr. DORIN left OR#2 and went into OR#3.

I ended my interview at this time.

On March 27, 2013, at approximately 1445 hours, I received a telephone call from Linda HAMEL. In essence, she told me the following:

She said she was just contacted by RN Jana BABCOCK regarding another incident with Dr. DORIN. BABCOCK told HAMEL at approximately 12:30 pm today, Dr. DORIN was scheduled to do a "C" Section procedure in OR#1. They could not find Dr. DORIN. BABCOCK told HAMEL that she called Dr. DORIN on his cell phone. Dr. DORIN did not answer. BABCOCK left a message.

BABCOCK told HAMEL at approximately 12:40 pm, Dr. DIEHL (another anesthesiologist) came into OR#1. BABCOCK told Dr. DIEHL that she could not find Dr. DORIN. Dr. DIEHL asked

BABCOCK If she called Dr. DORIN on his cell phone. BABCOCK told Dr. DIEHL that she did call Dr. DORIN on his cell phone but he did not answer. Dr. DIEHL told BABCOCK that he would prep the area until Dr. DORIN arrived.

BABCOCK asked Dr. DIEHL if Dr. DORIN was at his other business. Dr. DIEHL told BABCOCK that Dr. DORIN was "not feeling well" and that "he was sleeping". Dr. DIEHL ended up assisting in the procedure instead of Dr. DORIN.

BABCOCK told HAMEL that at approximately 2:07 pm, she saw Dr. DORIN walking into the unit. She made a comment to Dr. DORIN about "missing him" in the early procedure. BABCOCK said Dr. DORIN did not say anything to her and went into OR#2. Dr. DORIN closed the door to OR#2 behind him.

BABCOCK told HAMEL that she moved to an area where she could watch Dr. DORIN inside OR#2. BABCOCK saw Dr. DORIN removed three (3) vials of Propofol from the drug cart. She said she saw Dr. DORIN take something else and a syringe. BABCOCK told HAMEL that she saw that Dr. DORIN was coming out of OR#2 so she moved out of sight. BABCOCK saw Dr. DORIN leave the unit.

HAMEL said she had BABCOCK enter OR#2 and check the drug cart. BABCOCK said there were only three (3) vials of Propofol left in the drug cart. HAMEL said the drug cart was stocked yesterday so they did not have an accurate count.

I ended the interview with HAMEL at this time.

I checked the video in OR#2 for March 27, 2013, between 1400 hours and 1445 hours.

At approximately 2:05:47 pm, I saw Dr. DORIN in OR#2 on the video. I saw Dr. DORIN removed two (2) vials from the drug cart and place the vials in upper left shirt pocket. I saw Dr. DORIN remove additional items that appear to be syringes and place them in his upper left shirt pocket as well. At approximately 2:06:13 pm, I saw Dr. DORIN leave OR#2. No one else is on the video. The video stopped at approximately 2:09:14 pm.

At approximately 2:28:36 pm, I saw an unidentified nurse working in OR#2 on the video. I did not see that nurse go near the drug cart. That nurse left OR#2 at approximately 2:28:51 pm.

At approximately 2:31:47 pm, I saw RN BABCOCK entered OR#2 on the video. I recognized BABCOCK from her Sharp ID Photo. I saw BABCOCK open the drawer to the drug cart, look inside, and then close the door. At approximately 2:31:54 pm, I saw BABCOCK leave OR#2. No one else entered OR#2. The video stopped at approximately 2:34:55 pm.

I make copies of the above videos.

On March 28, 2013, at approximately 1100 hours, I talked with Lily PISEGNA by telephone. In essence, she told me the following:

PISEGNA verified that Dr. DORIN missed his surgery that was scheduled at 12:30 pm that day. She said on most days, they have two (2) anesthesiologists on duty. One is assigned to the Deck (Labor & Delivery) and the other assigned to the OR. Sometimes there is only one anesthesiologist covering both the Deck and OR.

PISEGNA said she verified that Dr. DORIN left the hospital at approximately 4:00 pm. She discovered that Dr. DORIN did an epidural procedure around 2:30 pm in Labor & Delivery. She verified that the drugs used in the epidural were a combination of Bupivacaine 0.125%/Fentanyl. There was no Propofol used during the epidural.

PISEGNA added that the Lead Nurse told her the Dr. DORIN looked distraught yesterday.

I ended my interview with PISEGNA at this time.

At approximately 1500 hours, I met with Lily PISEGNA in person at Grossmont Hospital. She gave me a copy of the patient record that Dr. DORIN treated on March 27, 2013. I removed the patient's name from the 3 page record. The pages include a print-out from the Pyxis MedStation System for March 27, 2013, an activity report by selected users for March 27, 2013, and Dr. DORIN's note from the procedure on March 27, 2013.

The Pyxis MedStation System report indicated that Dr. DORIN removed Bupivacaine 0.125%/Fentanyl at 1431 hours on March 27, 2013.

I reviewed the list of drugs that are stocked in OR#1, OR#2, and OR#3. The drugs Bupivacaine 0.125%/Fentanyl are not stocked in the operating rooms.

On April 3, 2013, at approximately 1135 hours, I received a telephone call from Lily PISEGNA. She told me she had additional reports that I requested and they had another incident of missing drugs. She explained to me about the missing drugs. I agreed to come out to Grossmont hospital that day.

At approximately 1230 hours, I met with Lily PISEGNA in her office at the Women's Center, at Grossmont hospital. She gave me copies of the Pyxis system reports for the dates of: Sept 14, 2012, December 10, 2012, December 11, 2012, December 16, 2012, December 20, 2012, December 24, 2012, January 3, 2013, January 4, 2013, January 8, 2013, February 6, 2013, February 7, 2013, February 18, 2013, February 19, 2013, March 19, 2013, and March 27, 2013. All these Pyxis reports were from Dr. DORIN's log-in records for the listed days. There was no report for May 10, 2012 in the Pyxis system from Dr. DORIN. On these dates, drugs were reported missing from one or more Operating Rooms in the Women's Center at Grossmont hospital.

These reports were from when Dr. DORIN was assigned to do procedures in the "Deck" position [Labor & Delivery (GLD-1) and PACU (GWCPACU)]. The anesthesiologist notes from Dr. DORIN cases are still pending.

In essence, PISEGNA told me about a new incident involving the missing drugs:

PISEGNA said she was notified today at approximately 9:15 am from Sharon WHITE the five (5) Propofol vials were missing from the drug cart in OR#3. The missing drugs were discovered by RN Dolly TANCIOCO at approximately 7:00 am today (April 3, 2013). PISEGNA said she received information that RN Gail HENDERSON stocked OR#3 the day before (April 2, 2013) at approximately 7:00 pm with ten (10) Propofol. The total of five (5) Propofol vials was missing.

PISEGNA said that none of the Operating Rooms had any procedures from April 2, 2013 at approximately 4:00 pm till April 3, 2013, at approximately 6:00 am.

PISEGNA added the following information:

PISEGNA said at approximately 9:00 am, she talked with RN Coleen BURKS by telephone. BURKS told her that Dr. DORIN missing a scheduled "C" section at 7:30 am today (April 3, 2013). BURKS told PISEGNA that BURKS paged and called Dr. DORIN. Dr. DORIN told BURKS that he was "super tired" and that he was covering for Dr. DIEHL. Dr. DORIN told BURKS that he was doing two (2) epidural procedures right now.

BURKS told PISEGNA that she was concerned about how Dr. DORIN sounded on the telephone and that he kept complaining about "how tired" he was this morning. BURKS told PISEGNA that there for seven (7) additional procedures that needed to be completed that morning already on the schedule (four were "C" sections and the rest were GYN cases). BURKS said she called Dr. PEKHAM and reported her observations of Dr. DORIN and about the pending cases. BURKS said Dr. PEKHAM did not appear to be concerned.

Based on this conversation, PISEGNA made sure there was another anesthesiologist available in case Dr. DORIN needed assistance. At approximately 9:00 am PISEGNA talked with BURKS again by telephone. BURKS told her that Dr. DIEHL was now at the Women's Center, and Dr. DORIN was handling the epidural cases.

I ended my interview with PISEGNA at this time.

I went back to the office and researched the videos in OR#3 and review the paperwork.

I reviewed the Pyxis Medstation System report for Dr. DORIN for April 2, 2013 and April 3, 2013. In essence, the below table has the listed information:

DATE	TIME	COMMENTS	PATIENT
4/2/13	04:34 am	Removed ceFAZolin [ANCEF] 2 GM/20 ML PLS.	#1
4/2/13	04:35 am	Removed MORPHINE PF [DURAMORPH] 10 MG/10 ML AMP/VIAL .	#1
4/3/13	02:24 am	Unsure if AM or PM. Removed ceFZolin [ANCEF] 2 GM/20 ML PLS	#2
4/3/13	02:24 am	Unsure if AM or PM. Removed MORPHINE PF [DURAMORPH] 10 MG/10 ML AMP/VIAL.	#2
4/3/13	07:38 am	Unsure if AM or PM. Removed MORPHINE PF [DURAMORPH] 10 MG/10 ML AMP/VIAL.	#3
4/3/13	09:03 am	Unsure if AM or PM. Removed BUPIVACAINE 0.125%/FENTNYL SYR(2) [BUPIVACAINE 0.125%/FENTNYL SYR] 100 MCG/50 ML PLS (override)	#4

I reviewed the information regarding work that Dr. DORIN completed at Labor & Delivery or PACU. On the below listed dates is when there was reported drugs missing from the Women's Center operating rooms. The below table has the listed information:

DATE	TIME	STATION	DRUGS	Comments
09/14/12	1:02 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
09/14/12	6:08 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
9/14/12	6:32 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3

DATE	TIME	STATION	DRUGS	Comments
12/10/12	17:48 pm	GWCPACU	Midazolam 5 MG 1 ML VIAL	Patient #1
12/10/12	17:47 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1
12/10/12	17:47 pm	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #1

DATE	TIME	STATION	DRUGS	Comments
12/11/12	1:59 am	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #1
12/11/12	7:22 am	GPSC-OR	PROPOFOL 200 MG 20 ML SYR/VIAL	ANESTHESIA CART
12/11/12	7:23 AM	GPSC-OR	FENTANYL 100 MCG 2 ML AMP/VIAL	ANESTHESIA CART

DATE	TIME	STATION	DRUGS	Comments
12/12/12	0:47 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #1
12/12/12	3:16 am	GLD-1	Bupivacaine 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
12/12/12	3:17 am	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2
12/12/12	5:18 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #3
12/12/12	10:43 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #4
12/12/12	10:44 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #4
12/12/12	13:02 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #5
12/12/12	13:03 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #5

DATE	TIME	STATION	DRUGS	Comments
12/16/12	0:58 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
12/16/12	1:27 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
12/16/12	3:38 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #3
12/16/12	4:57 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #4
12/16/12	4:57 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #4

DATE	TIME	STATION	DRUGS	Comments
12/20/12	2:50 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #1
12/20/12	2:50 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1

DATE	TIME	STATION	DRUGS	Comments
12/21/12	18:59 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1
12/21/12	19:00 pm	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #1

DATE	TIME	STATION	DRUGS	Comments
12/24/12	0:03 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1
12/24/12	0:04 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #1
12/24/12	5:50 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #2
12/24/12	5:51 am	GWCPACU	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2

DATE	TIME	STATION	DRUGS	Comments
12/25/12	12:49 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
12/25/12	13:16 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
12/25/12	8:27 am	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #3
12/25/12	8:28 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #3
12/25/12	20:40 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #4
12/25/12	20:41 pm		FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #4

DATE	TIME	STATION	DRUGS	Comments
1/3/13	8:12 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
1/3/13	11:20 am	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2
1/3/13	12:36 pm	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2
1/3/13	16:06 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3
1/3/13	18:13 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #4
1/3/13	18:53 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #2
1/3/13	22:03 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #5

DATE	TIME	STATION	DRUGS	Comments
1/4/13	0:55 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1

DATE	TIME	STATION	DRUGS	Comments
1/8/13	0:01 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
1/8/13	1:45 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
1/8/13	4:45 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3

DATE	TIME	STATION	DRUGS	Comments
2/6/13	16:08 pm	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #1
2/6/13	16:08 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patient #1
2/6/13	20:29 pm	GLD-1	Bupivacanie 0.125%SDV 30 ML VIAL	Patient #2
2/6/13	21:34 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3

DATE	TIME	STATION	DRUGS	Comments
2/7/13	1:38 am	GWCPACU	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
2/7/13	3:17 am	GWCPACU	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
2/7/13	20:17 pm	GLD-1	Bupivacanie 0.125%SDV 30 ML VIAL	Patient #3
2/7/13	20:18 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3

DATE	TIME	STATION	DRUGS	Comments
2/18/13	7:37 am	GLD-1	Bupivacanie 0.125%SDV 30 ML VIAL	Patient #1
2/18/13	10:32 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
2/18/13	11:51 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3
2/18/13	12:20 pm	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #2
2/18/13	14:55 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #4
2/18/13	16:26 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #5**
2/18/13	16:26 pm	GLD-1	Bupivacanie 0.125%SDV 30 ML VIAL	Patient #5**
2/18/13	21:11 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #6
2/18/13	21:31 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #7
2/18/13	21:31 pm	GLD-1	FENTANYL 100 MCG 2 ML AMP/VIAL	Patient #7

DATE	TIME	STATION	DRUGS	Comments
2/19/13	0:30 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
2/19/13	1:08 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2
2/19/13	1:36 am	GWCPACU	MORPHINE PF 5 MG 5 ML SYRINGE	Patient #5**
2/19/13	1:37 am	GWCPACU	MIDAZOLAM 2 MG 2 ML VIAL	Patient #5**
2/19/13	1:37 am	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #5**
2/19/13	4:23 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3
2/19/13	4:55 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #4
2/18/13	7:06 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #6
2/19/13	7:06 am	GLD-1	Bupivacanie 0.125%SDV 30 ML VIAL	Patient #6

DATE	TIME	STATION	DRUGS	Comments
3/19/13	10:37 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1
3/19/13	11:07 am	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #2

3/19/13	13:50 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #3
3/19/13	16:03 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #4
3/19/13	17:13 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patlent #5
3/19/13	19:19 pm	GWCPACU	Morphine PF 5 MG 10 ML VIAL	Patlent #4
3/19/13	19:20 pm	GWCPACU	ceFAZolin 2 GM 20 ML PLS	Patient #4

DATE	TIME	STATION	DRUGS	Comments
3/27/13	14:31 pm	GLD-1	Bupivacanie 0.125%/Fentanyl SYR 100 MCG 50 ML PLS	Patient #1

None of the missing drugs were used in the above cases except the case in GPSC-OR on December 11, 2012 (Propofol). No missing drugs were reported on December 12, 2012, December 21, 2012, or December 25, 2012. (Information on those dates are included above)

At approximately 1515 hours, I received a telephone call from PISEGNA. In essence, she told me the following:

PISEGNA said she was just contacted by RN Jana BABCOCK and Scrub Technician Krista VERYSON. They told her at approximately 12:30 pm (the actual time was approximately 2:20 pm) today, they had checked the drug cart in OR#3. BABCOCK told PISEGNA that she (BABCOCK) discovered only two (2) vials of Propofol in the drug cart. BABCOCK told PISEGNA that she wanted to put a total of nine (9) Propofol vials in the drug cart but was only able to receive two (2) additional bottles from the Pyxis machine at this time [a total of four (4) Propofol were now in OR#3].

PISEGNA said BABCOCK told her that approximately 10 minutes after she stocked the drug cart in OR#3, she saw Dr. DORIN enter OR#3. BABCOCK said she saw Dr. DORIN remove 2 vials from the drug cart that she believed was Propofol and then left OR#3.

PISEGNA said as BABCOCK watched Dr. DORIN walk down the hallway, BABCOCK told PISEGNA that she observed Dr. DORIN staggering as if he was half asleep. BABCOCK said Dr. DORIN had his eyes closed at one point as he walked down the hallway. She (BABCOCK) said that one of Dr. DORIN's pant legs was pulled up higher than the other one. BABCOCK told PISEGNA that she (BABCOCK) saw Dr. DORIN "flip off" the cap to a drug vial. BABCOCK said she saw the cap and a needle fall to the ground as Dr. DORIN walked down the hall. BABCOCK said she was not sure where Dr. DORIN went after he was out of her sight.

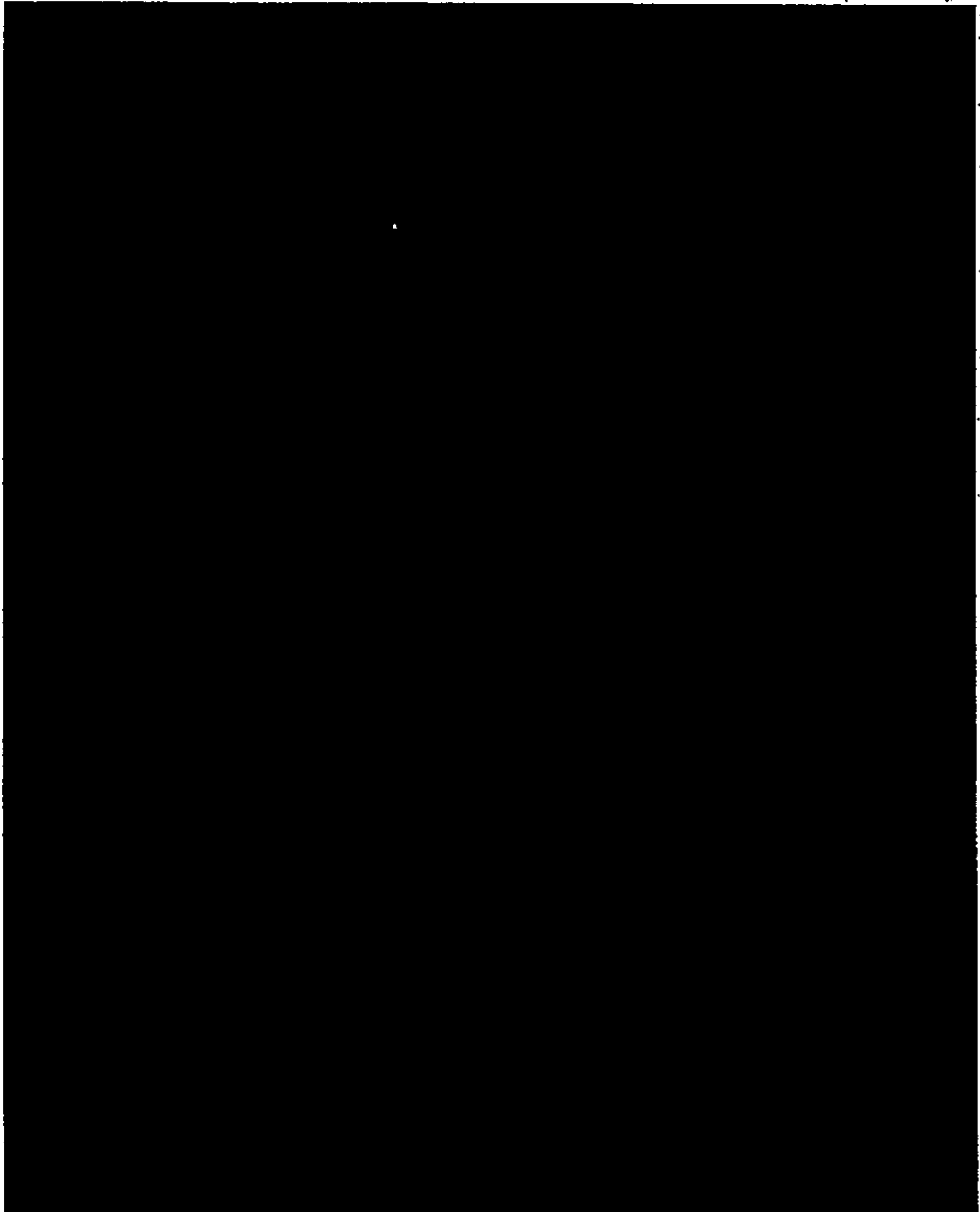
PISEGNA said BABCOCK recovered the needle and blue cap that Dr. DORIN dropped on the ground. BABCOCK then went back into OR#3 and did an inventory of the drug cart. BABCOCK discovered two (2) vials of Propofol missing from the drug cart. BABCOCK and VERYSON immediately took the blue cap and needle to PISEGNA. PISEGNA said BABCOCK and VERYSON

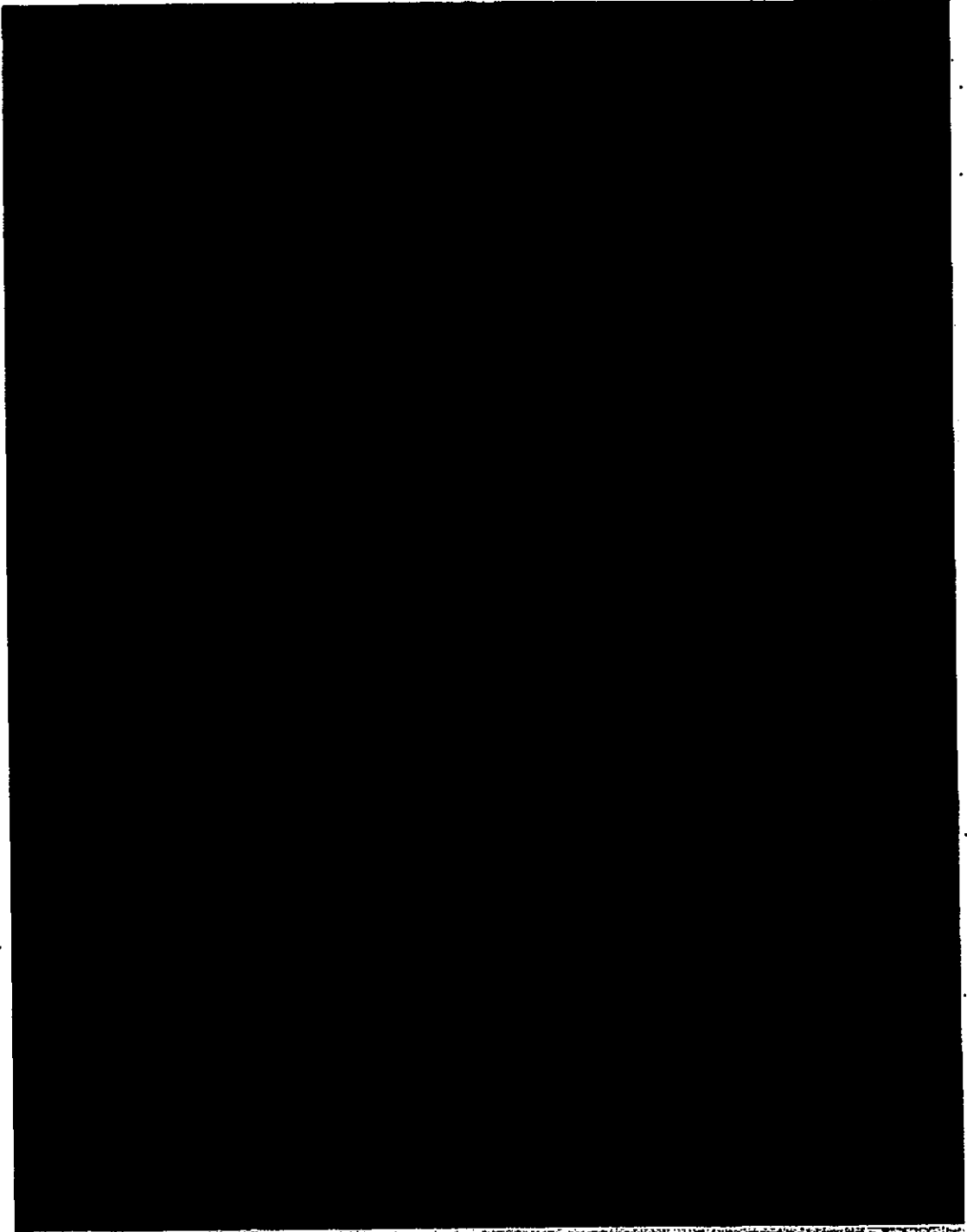
were concerned about Dr. DORIN due to their observations. BABCOCK believed that the blue cap was from a Propofol vial.

I ended my interview with PISEGNA at this time.

I immediately went to PISEGNA's office at the Women's Center at Grossmont hospital. I notified Security Director Ray Albright who met me at Grossmont hospital.

At approximately 1555 hours, I collected the blue cap and needle from PISEGNA at her office. I wore gloves and placed the items in a plastic security bag #10063000. PISEGNA pointed out to me the red substance in the needle sheath. We believed that the red substance could be blood. I kept the items with me till the next day (April 4, 2013). I photographed the blue cap and needle. (8 digital photos) I sealed the security bag and placed the security bag in a safe located in my office. I am the only person that has access to the safe.



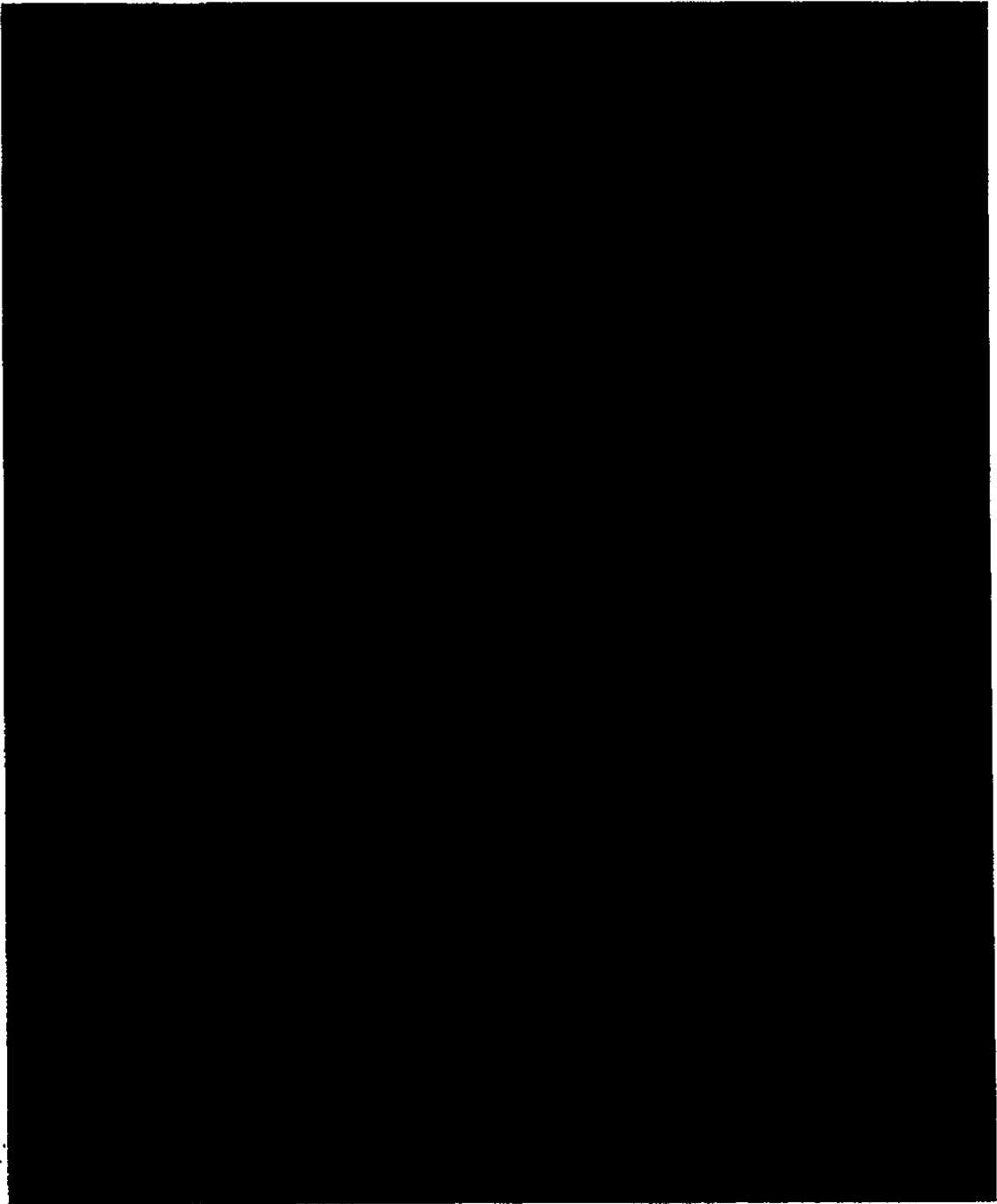


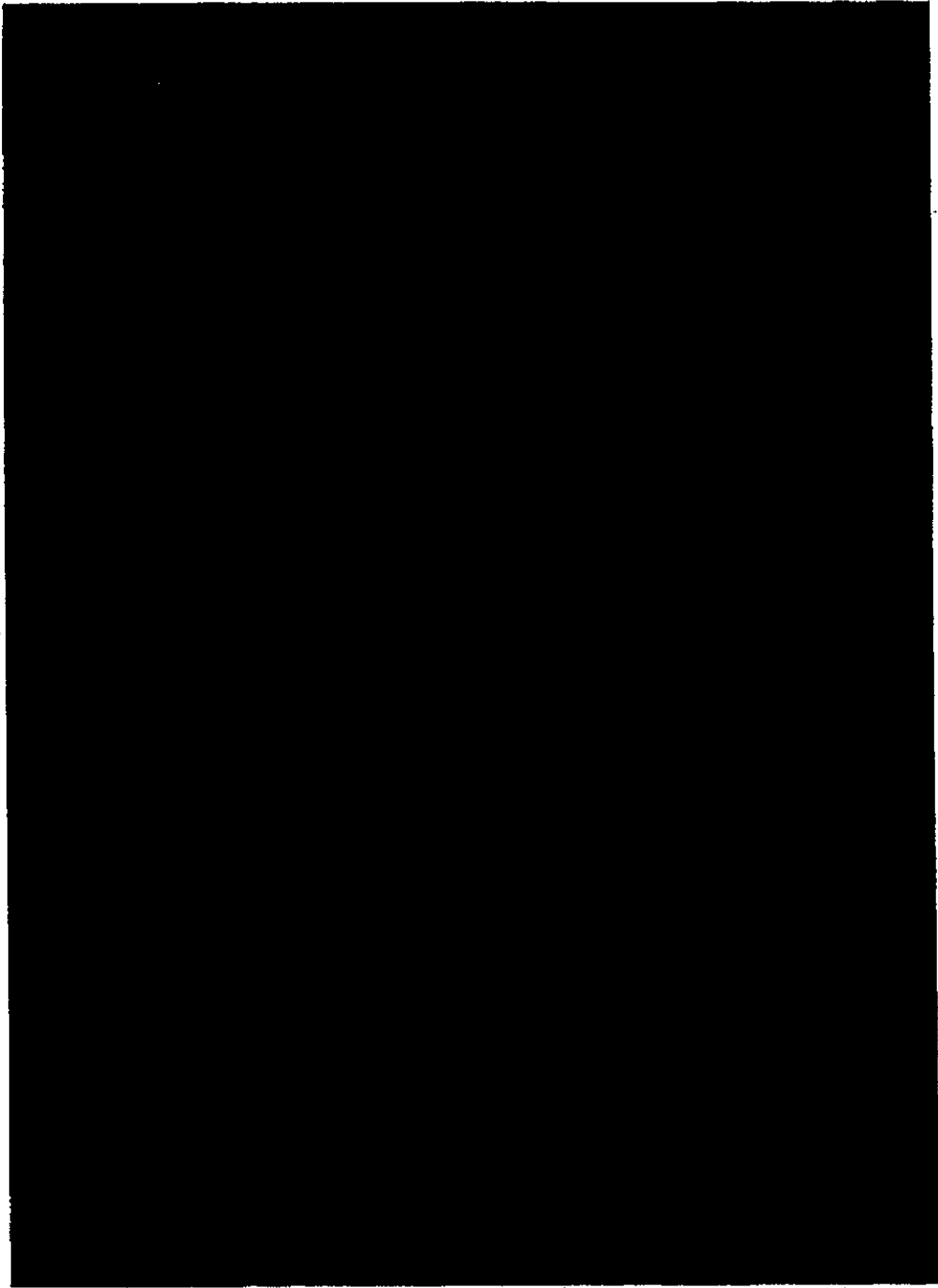
21

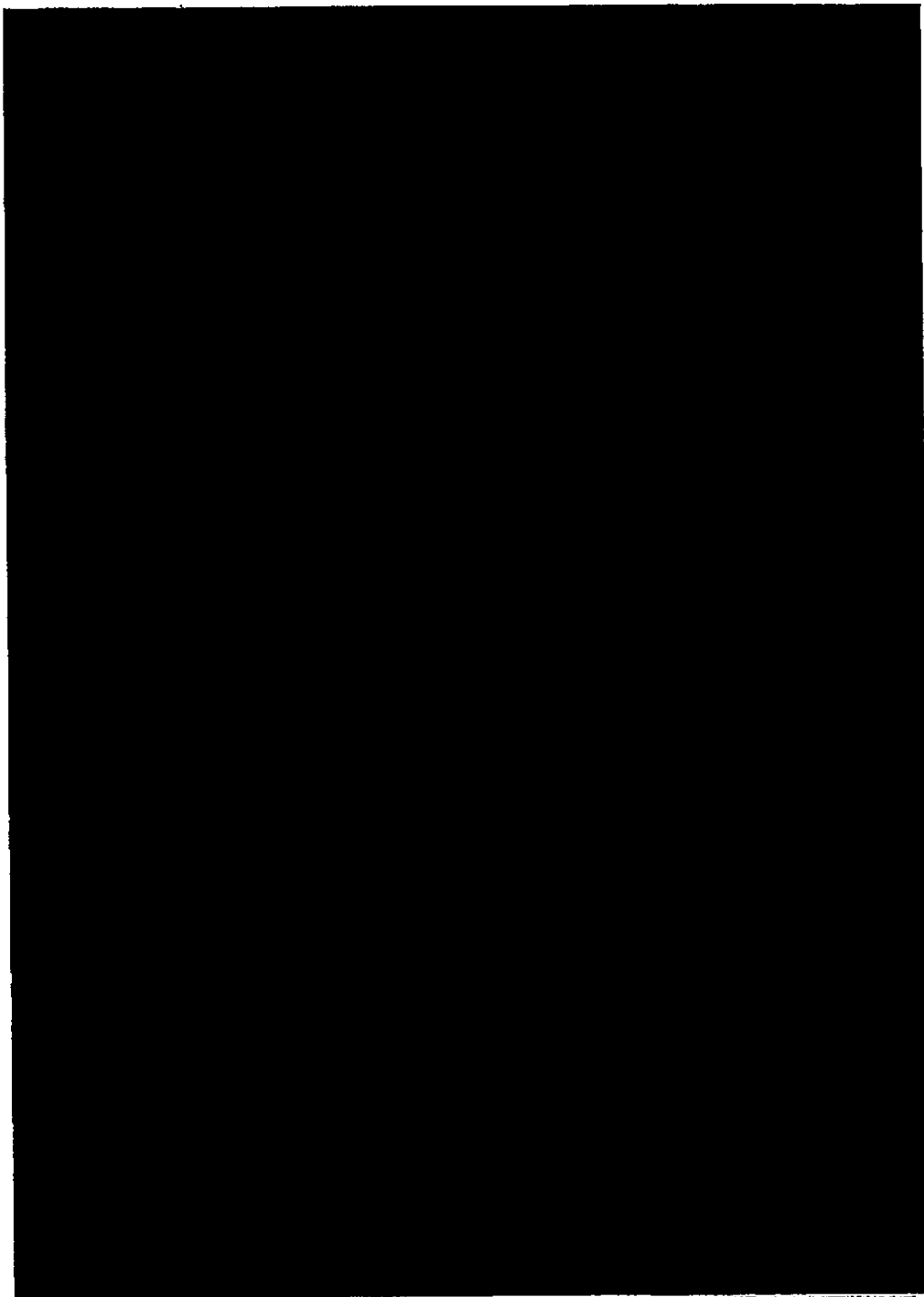
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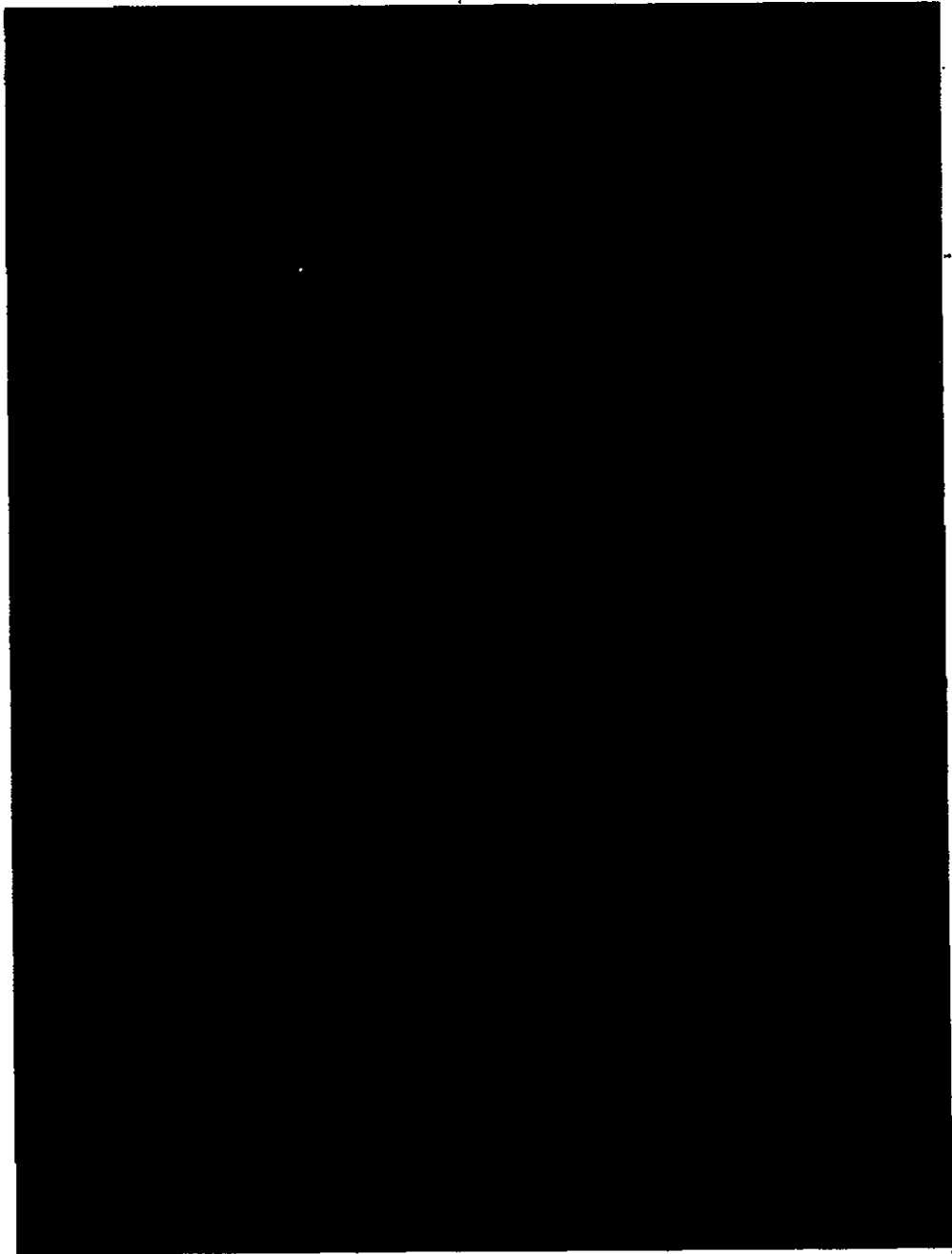
SHARP000029

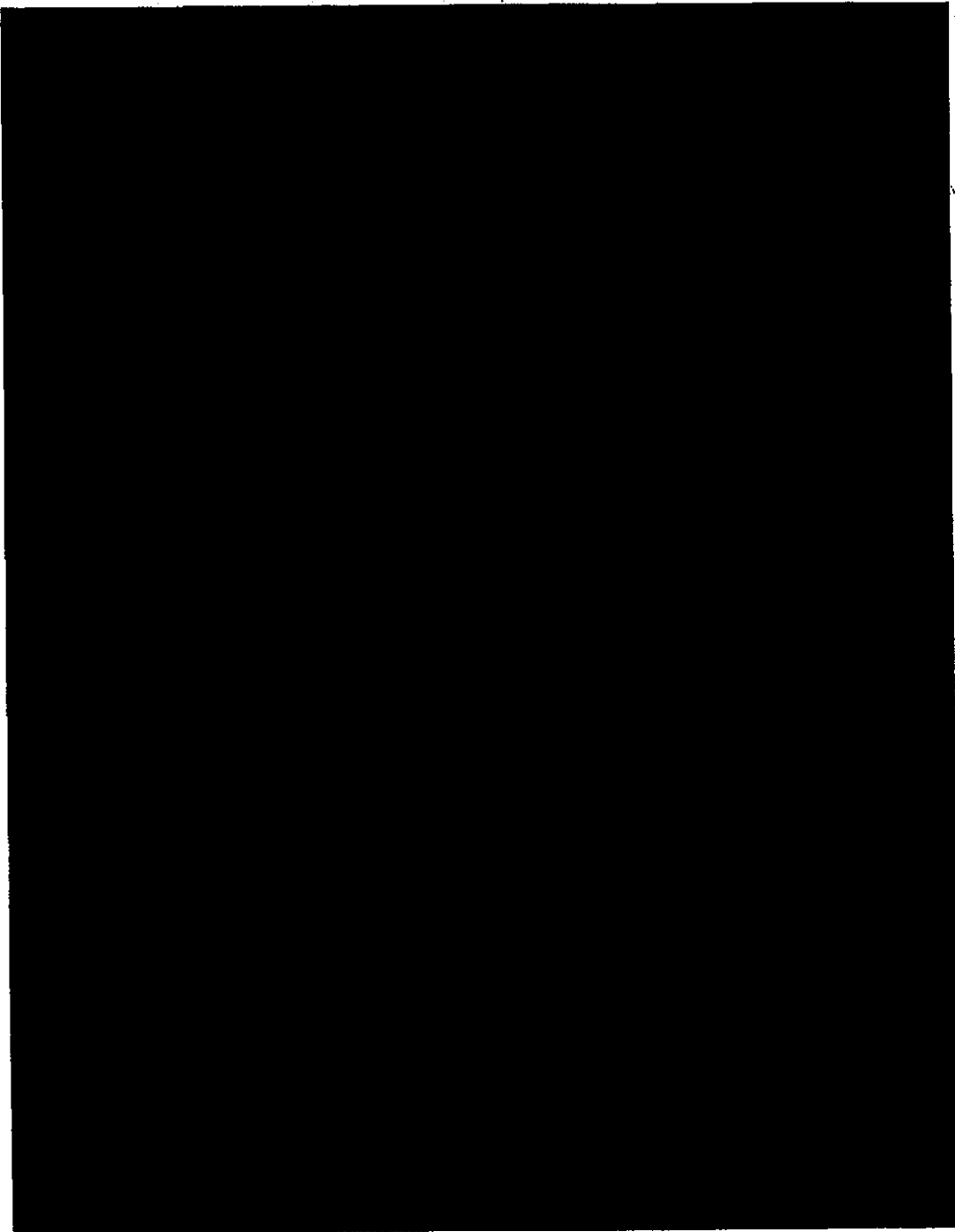
EXHIBIT 11
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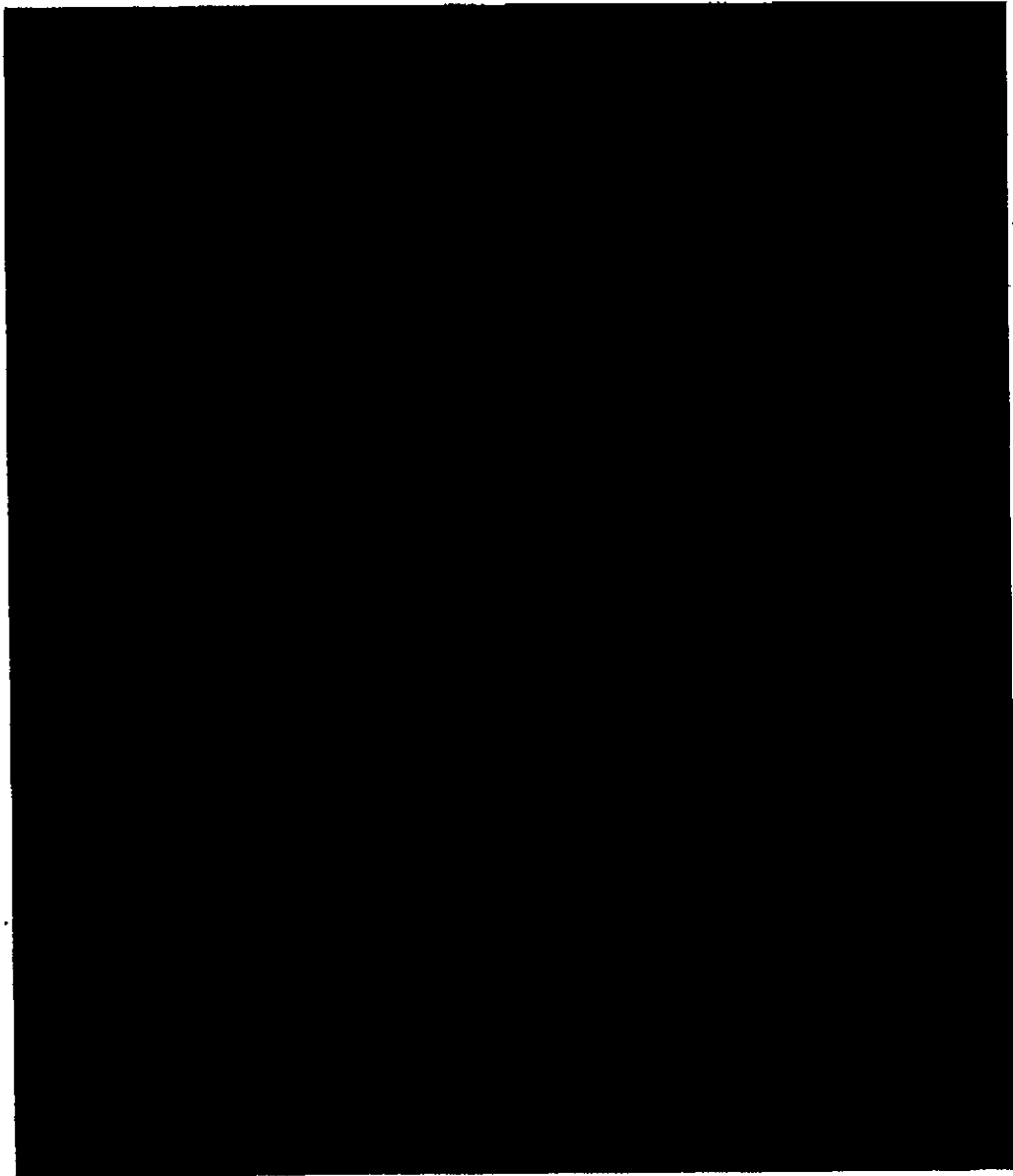












Howard LaBore
Investigator—Sharp HealthCare
04/05/2013

Exhibit 12

(LODGED CONDITIONALLY UNDER SEAL)

Case #:

CH030220120007480

TORADOL

VIAL

\$0.00

2

Narrative text

ON MAY 9TH, 2012 AT 0930 HOURS I WAS ASKED BY SUPERVISOR COYLE TO SPEAK WITH WOMEN'S SURGERY SUPERVISOR LINDA HAMEL REGARDING A THEFT. I THEN WENT TO WOMEN'S CENTER ADMINISTRATION WHICH IS WHERE I MET LINDA. LINDA INFORMED ME THAT THEY HAVE BEEN MISSING AN ASSORTMENT OF DRUGS FROM THEIR SURGERY CARTS OVER THE PAST FEW MONTHS. SHE STATED THE MAIN OPERATING ROOM EMPLOYEES COME OVER TO BORROW DRUGS FOR CASES THEY ARE WORKING ON, BUT TODAY SHE NOTICED ALOT MORE THAN NORMAL WERE MISSING AND NOT THE USUAL DRUGS THE MAIN O.R. BORROWS. UPON FURTHER SPEAKING WITH LINDA SHE INFORMED ME THAT EMPLOYEE JANA BABCOCK HAS NOTICED DRUGS HAVE BEEN MISSING FROM THE CARTS SINCE APRIL 2011 AND EMPLOYEE SANDY TWYMAN STATING THAT DRUGS HAVE BEEN MISSING FOR ABOUT 3 MONTHS.

THE DRUGS THAT WERE MISSING THIS MORNING IN WOMEN'S O.R. ROOM 1: *controlled?*

2 BOTTLES PROPOFOL - *NO*
6 VIALS ZOFRAN - *NO*
4 VIALS PEPID - *NO*
1 BOTTLE METOPROLOL - *NO*
2 BOTTLE SUCCINYLCHOLINE - *NO*
1 BOTTLE ROCURONIUM - *NO*
2 VIALS DECADRON - *NO*
2 VIALS TORADOL - *NO*

NONE ARE controlled.

ALSO 4 REUSEABLE AIRWAYS ARE UNACCOUNTED FOR, BUT LINDA IS UNSURE IF THEY WERE STOLEN, DISCARDED WITHOUT NOTING, ETC.

DR.

LINDA Hamel - OK. 11:00am Fri

JANA BABCOCK - OK 11:00am Fri

SANDY Twyman -

Tuesday - 5-15 - Apprs.

Women's CTR.

EXHIBIT 47

Jones -v- Sharp

George Sweet

10/17/2017

Litvate Reporting & Trial Services

Prepared By	Submitted Date	Signature	Reviewed By/Date
SPENCER FRANCO(hab2)	05-09-2012 1345		

Page 4 of 4

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SHARP001332

EXHIBIT 12

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Investigative Report

May 11, 2012

On May 09, 2012 a report was filed with security (SGH05092012000548) regarding missing drugs from a surgery cart in OR #1 in the Grossmont Women's Center. A copy is attached to this report.

On May 10, 2012, I interviewed Sandy Twyman by phone. Twyman has been at Sharp about three months. She said one of her jobs is to replenish the surgery cart in OR #1 every night before she goes home. She said that on May 8th she stocked the surgery cart at the end of the day. The next morning she checked and found there were some drugs missing from the cart.

The cart is kept in a room adjacent to OR #1. It is not in an open area and is not accessible to the public. A person wanting to enter the room where the cart is kept would have to "gown up".

She checked and found that there had been three procedures done after she stocked the cart. None of these procedures required the use of the missing drugs.

Doctor Adam Dorin was the Anesthesiologist for the three cases.

Linda Hamel, the Surgery Supervisor reported this shortage to her boss who reported it to Security.

On Friday May 11, 2012, I interviewed Both Linda Hamel and Jana Babcock at the women's center. They both agreed that the drugs taken were as if someone was stocking a surgery center. They said that there was no street value for these drugs and that special knowledge is required to administer them. Hamel said that Succinylcholine is a paralytic. The patient MUST be intubated when the drug is administered or the patient will stop breathing.

Hamel said that around June of 2008 Doctor Dorin had told the staff that he and his wife had opened a MD Spa in Santee and was passing out flyers to the staff regarding this side business.

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SHARP000005

Hamel said that at one point "a while ago" Dr. Dorin was the Medical Director of the Surgery Plaza on the ground floor of the GMP building. She said that Dorin was removed from that position.

The RIVERVIEW MD SPA is located at 280 RiverView Parkway, Building 280, Suite 602 Santee 92071; Phone: 619 456-4555 Adam Dorin and Shirin Dorin are listed as directors

There is no written record of any of the missing drugs previous to May 2012 but both Hamel and Babcock say the losses go back a few years.

They will document any further drug shortages and will notify me as well.

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SHARP000006

Day	Date	Hour
Thurs	9.13.12	11:40p
Friday	9.14.12	12:38a
Friday	9.14.12	4:51a
Monday	12.10.12	11:16p
Sunday	12.16.12	2:54a
Thurs	1.3.13	8:09p
Tues	1.8.13	12:31a
Tues	1.8.13	1:51a

Day	Date	Hour
Sat	12.1.12	2:54a
Monday	12.24.12	1:12a

Day	Date	Hour
Thurs	12.6.12	5:00a
Tues	12.11.12	12:15a
Sunday	12.16.12	2:54a
Sunday	12.16.12	3:20a
Thurs	12.20.12	12:13a
Thurs	12.20.12	1:11a
Friday	12.21.12	4:15a
Friday	1.4.13	2:48a

CONFIDENTIAL

SHARP000007

**WITNESS LIST
MISSING DRUGS
SHARP WOMEN'S CENTER
5555 GROSSMONT CENTER DRIVE
LA MESA, CA 91942**

- | | |
|--------------------|---------------------------------|
| 1. Lily PISEGNA | Director- Women's Center |
| 2. Sharon WHITE | Manager-Women's Center |
| 3. Linda HAMEL | Supervisor-Women's Center |
| 4. Brandi SURPRISE | RN-Women's Center |
| 5. Serena WONG | RN-Women's Center |
| 6. Gail HENDERSON | RN-Women's Center |
| 7. Jana BABCOCK | RN-Women's Center |
| 8. Coleen BURKS | RN-Women's Center |
| 9. Dolly TANCIOCO | RN-Women's Center |
| 10. Krista VERYSON | Scrub Technician-Women's Center |
| 11. George SWEET | Investigator—Sharp Spectrum |
| 12. Howard LaBore | Investigator—Sharp Spectrum |

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SHARP000008

Exhibit 13

(LODGED CONDITIONALLY UNDER SEAL)

